Intussusception in intestinal lymphoma: the role of colonoscopy

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Summary: Intussusception is a well known complication and sometimes the presenting symptom of intestinal lymphoma. The final diagnosis in most patients is made by surgery.

We report a 12 year old boy with intussusception in whom the diagnosis was established by colonoscopy and surgery was avoided.

Introduction

Intussusception is the most frequently recognized cause of intestinal obstruction in young children, in over 90% of cases the cause remaining unclear. In older children and in adults most of the intussusceptions are caused by malignant tumours, primary intestinal neoplasms or metastatic involvement of the bowel. In children over the age of 6 most of these tumours are primary intestinal lymphoma (Wayne *et al.*, 1976).

The ileocaecal area is the most frequent site of intussusception. In most series the diagnosis of intussusception and its underlying cause was rarely made preoperatively and surgical intervention was necessary almost every time (Wayne *et al.*, 1976; Karakousis *et al.*, 1974). In the case herein reported the diagnosis of the aetiology of the intussusception was made by colonoscopy and surgery was therefore avoided.

Case report

A 12 year old boy enjoyed good health until a month before admission. At this time he began to suffer from abdominal pain and later he had bloody bowel movements. On admission physical examination revealed a right lower quadrant abdominal mass. A barium enema (Figure 1) demonstrated the presence of an intussusception in the ileocaecal area which was irreducible by barium pressure.

Figure 1 Barium enema showing intussusception in the ileocaecal area.

A colonoscopy was performed (Figure 2) and a big oval and quite soft mass that 'filled' almost the entire caecum was found. Biopsies were obtained and a diagnosis of Burkitt's lymphoma was established. Abdominal computed tomographic scan disclosed

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Figure 2 Colonoscopy. A big mass is seen in the caecum.

extension of the tumour into the mesenteric lymph nodes and the retroperitoneum.

The patient was treated with chemotherapy, and a slow improvement was obtained. The obstructive symptoms disappeared and his general condition improved.

References

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Comments

In over 90% of young children with intussusception the cause remains obscure (Benson *et al.*, 1963). Older children and adults develop intussusception less often and in more than 50% of the patients the underlying cause is malignant disease. In the older childhood group with this condition the diagnosis is usually ileal lymphoma until proven otherwise (Wayne *et al.*, 1976; Mestel, 1959). In adults, melanoma, adenocarcinoma of the colon and metastatic tumours may also present as an intussusception (Karakousis *et al.*, 1974). In spite of the fact that chemotherapy is the treatment of choice for lymphoma, in most of the reports a diagnostic laparotomy is recommended.

Colonoscopy is a low risk approach to recognize and to make a histological diagnosis of the pathological process before treatment. In adults, colonoscopy may prevent surgery or may give the surgeon fuller information in cases of resectable tumour. In most older children with lymphoma, surgery is not necessary. In this group, we think that colonoscopy must be the preferred technique in cases where the process is within the colon or the terminal ileum and a histological diagnosis is mandatory. Surgery must be reserved for those cases with complete obstruction or where the intussusception is high in the small bowel.

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