A 42-year-old man with no prior medical history presented with perianal pain and pustular drainage over the course of 1 week. On physical examination, he had a perianal abscess with a draining sinus tract, but no abdominal tenderness to palpation. Laboratory tests showed severe iron deficiency anemia. As part of a workup for this, an upper gastrointestinal endoscopy was performed, which was unremarkable. Subsequently, a colonoscopy was performed, which revealed no mucosal inflammation but did show a large focal region of the mid-transverse colon, which spontaneously protruded and retracted (▶Video 1). To evaluate this further, a computed tomography (CT) scan was performed, which revealed a colocolonic intussusception of the transverse colon, without any focal neoplasm (▶Fig. 1). The patient’s perianal abscess improved on antibiotics without the development of any further symptoms and he was discharged home.

Colocolonic intussusception is a rare finding and is usually associated with malignancy in adults, but can also occur spontaneously [1]. About 20% of such cases are transient or asymptomatic in adults and may not necessitate surgical intervention [2]. Abdominal CT can accurately diagnose intussusception in approximately 78% of patients; findings typically include a target-like or sausage-shaped mass with a layering effect [3, 4]. Endoscopy provides invaluable information through direct visualization in order to precisely determine the lead point, as demonstrated by this case.

The authors declare that they have no conflict of interest.

Colocolonic intussusception identified during endoscopy: an incidental diagnosis

E-Videos

Video 1 Endoscopy showing a colocolonic intussusception of a focal region of the mid-transverse colon.

Fig. 1 Coronal oral and intravenous contrast-enhanced computed tomography (CT) image displaying a colocolonic intussusception (arrow).

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