Colonic intussusception due to filiform polyposis of ulcerative colitis treated by endoscopic reduction

A 20-year-old man with ulcerative colitis presented with epigastric pain and hematochezia. Vital signs were stable and no peritoneal irritation signs were observed. Contrast-enhanced abdominal computed tomography showed a target sign in the descending colon, and the patient was diagnosed with intussusception. After consulting surgeons, we first attempted to perform colonoscopy for diagnosis and reduction. A colonoscope (CF-Q260DI; Olympus, Tokyo, Japan) was inserted under fluoroscopy. No obvious necrotic findings were observed in the mucosa. A huge granule-aggregating mass was found. After endoscopic reduction, we advanced the endoscope and confirmed that the mass was originally located near the hepatic flexure of the transverse colon. The biopsy specimen taken from the mass was revealed to be an inflammatory polyposis (filiform polyposis). On the second day, as the abdominal pain was reduced and normal bowel movement was established, the patient started taking his meals and was discharged the following day.

Because intussusception in adults is rare, optimal treatment remains controversial. A colonoscopy is a useful tool not only for endoscopic reduction but also for pathological diagnosis of the lead point of intussusception. Filiform polyposis is a rare entity that is associated with inflammatory bowel disease. It is a rare cause of the lead point of intussusception.

We successfully performed endoscopic reduction in a patient who had intussusception with ulcerative colitis and filiform polyposis and thus avoided emergency surgery. This method might be helpful for patients with intussusception.
Competing interests

The authors declare that they have no conflict of interest.

The authors

Kosuke Ito, Satoshi Asai, Hitomi Jimbo, Kotaro Takeshita, Takumi Ichinona, Eisuke Akamine, Naoki Fujimoto
Department of Gastroenterology, Tane General Hospital, Osaka, Japan

Corresponding author

Kosuke Ito, MD
Tane General Hospital, Department of Gastroenterology, Kujyominami 1-12-21, Nishi-Ku, Osaka-City, Osaka, 550-0025, Japan
Fax: +81-6-6581-2520
harambee.ki@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1909-1338
ISSN 0013-726X
published online 2022
© 2022. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany