A 19-year-old HIV infected man with advanced immunosuppression (CD4 counts of 140 cells/mL) was admitted to the department of internal medicine 4 months after primary infection, with diarrhea, epigastric pain, dysphagia, and weight loss. He was referred to us for an esophagogastroduodenoscopy which revealed Candida infection of the esophagus. Due to persistent epigastric pain, abdominal computed tomography (CT) was performed which revealed nodular hyperplasia at the terminal ileum and a well-defined ischemic lesion in the cecum (Fig. 3). No tumor-like lesion to explain the intussusception was found either macroscopically or microscopically. The patient recovered uneventfully and was transferred to the internal medicine ward on the 5th postoperative day. 

Intestinal intussusception is unusual in adults [1,2]. On searching the literature of the past 30 years, we found only one published case report of intussusception as a complication of colonoscopy [3]. Hypoperistalsis induced by the two sequential endoscopic procedures could be suggested as a cause of the intussusception in our case, with AIDS-associated gastrointestinal pathology being a risk factor.

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