Intussuscepting Ileal Hemangioma with Perforation

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Abstract

A rare case of solitary intussuscepting capillary hemangioma in the distal ileum with perforation and peritonitis is presented. The diagnosis was made only at surgery for presumed acute intestinal obstruction. (Indian J Gastroenterol 1992; 11: 94-95)

Key Words: Intestine, small

Intussusception is an uncommon cause of intestinal obstruction in adults. Hemangiomas of the gastrointestinal tract are rare lesions. Intussusception due to hemangiomas is still rarer, and clinically may resemble that due to other causes.

A 30 year old lady presented to the emergency reception with colicky abdominal pain, vomiting and constipation of five days' duration. Obstipation and abdominal distension were present for two days. There was no history of melena or fever. On examination, she was dehydrated. Features of acute intestinal obstruction with peritoneal irritation were present. No abdominal lump was palpable. Perrectal examination was normal. Hb was 12.7 g/dL. Abdominal X-ray showed features of small intestinal obstruction. A diagnosis of acute intestinal obstruction with possible strangulation was made.

Exploratory laparotomy revealed frank pus in the peritoneal cavity and a readily reducible ileo-ileal intussusception 12 cm proximal to the ileo-cecal junction. On reduction, a mass was palpable at the site of origin of the intussusception. No similar mass was palpable elsewhere in the bowel. Two perforations (0.3-0.5 cm in size) were present on the anti-mesenteric border of the ileum, one at the base of the palpable mass and the other 8 cm distal to it. Resection of the involved segment and end-to-end anastomosis were performed. The postoperative course was uneventful. She was asymptomatic a year later.

On gross examination, there was a reddish-brown pedunculated polyp 2.5 cm in diameter situated on the anti-mesenteric border (Fig). There were two perforations - one at the base of the polyp and the other about 8 cm distal to it. Histologically, the polyp was a capillary hemangioma with the adjacent submucosa showing numerous dilated, thick-walled blood vessels. Focal mucosal ulceration and diffuse serositis were also present. No specific histologic abnormality was found at the perforation sites.

Hemangiomas of the gastrointestinal tract are rare and are usually benign. These constitute 3-4% of all small intestinal tumors and 0.3% of all gastrointestinal tumors. Intussusception due to hemangiomas is still rarer. Donhauser and Kelly found jejunal hemangiomas to be responsible for only one of their 665 cases of intussusception. Common presentations of intestinal hemangioma are anemia, intestinal obstruction and hemorrhage. Our case too had features of acute small bowel obstruction. Interestingly, two perforations were detected on reduction of the intussusception. Perforation in association with intussuscepting hemangiomas is even more uncommon. Leschiens et al described perforations in 10% of 175 intussusceptions, mostly with ileo-ileal intussusception. All these were situated in the sheath of the intussusception or proximal to it. Armstrong et al reported three patients with perforations situated distal to the intussusception; one of them had not received any diagnostic or therapeutic enema. This patient had growth of Salmonella typhi on stool culture. They proposed that compromised vascularity of the distal segment in association with infection was responsible for the perforation. Perhaps the poorly understood pressure changes caused by intussusception...
somewhere exert excessive force on the wall of the distal segment, leading to a perforation.

References

NEWS AND NOTICES

The 33rd Annual Conference of the Indian Society of Gastroenterology and associated bodies will be held in New Delhi November 5-8, 1992 (and not October 5-8, 1992 as printed in the January 1992 issue of the Journal). For further details, contact:

R K TANDON
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33rd Annual Conference
Indian Society of Gastroenterology
Department of Gastroenterology
All India Institute of Medical Sciences
Ansari Nagar, New Delhi 110 029

The 2nd Surgical Gastroenterology Week (Luminal Surgical Update) will be held at the Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow September 16-23, 1992. Open only for young faculty members and senior residents on Institutional nomination. For further details, contact

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The Gastroenterology Division of Tata Memorial Hospital conducts gastrointestinal endoscopy training programs of six months' duration, starting March 1 and September 1. Eligibility requirements include postgraduate degree in Medicine/Surgery and age below 35 years. Candidates with permanent staff position in teaching and public hospital will be preferred. Trainees will be provided free boarding and lodging. For forms, contact:

Deputy Establishment Officer
Tata Memorial Centre
Parel
Bombay 400 012

The 2nd International Congress on AIDS in Asia and the Pacific will be held in New Delhi November 8-12, 1992. For further details, please contact:

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Multi-National Symposium on Chronic Intestinal Inflammation will be held in New Delhi, November 3-4, 1992. For further details, contact either of the following

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