





www.elsevier.es/rgmx

## CLINICAL IMAGE IN GASTROENTEROLOGY

# A rare cause of intussusception in the adult: Intestinal bezoar\*,\*\*



## Excepcional causa de intususcepción en el adulto: bezoar intestinal

P. Calero<sup>a,\*</sup>, M. Scortechini<sup>a</sup>, J. Valiente<sup>b</sup>

<sup>&</sup>lt;sup>b</sup> General and Gastrointestinal Surgery Service Management, Hospital de Hellín, Hellín, Albacete, Spain





Figures 1 and 2 Plain x-ray images showing small bowel obstruction data.

E-mail address: pcalerogarcia@medicos.com (P. Calero).

Intestinal intussusception is a rare cause of bowel obstruction in the adult, and no such one produced by a bezoar has been described in the medical literature.

A 49-year-old man with an unremarkable past medical history came to the Emergency Department complaining of abdominal pain in the epigastrium of 3-4 day progression, associated with a reduced number and quantity of daily bowel movements. Physical examination was consistent with bowel obstruction. A plain abdominal film revealed segment dilation up to the jejunum (Figs. 1 and 2). An abdominal

<sup>&</sup>lt;sup>a</sup> General and Gastrointestinal Surgery Service, Hospital de Hellín, Hellín, Albacete, Spain

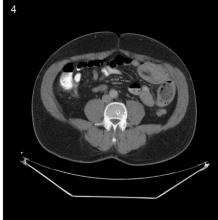
<sup>☆</sup> Please cite this article as: Calero P, Scortechini M, Valiente J. Excepcional causa de intususcepción en el adulto: bezoar intestinal. Revista de Gastroenterología de México. 2014;79:145–146.

<sup>\*\*</sup> Institute where study was carried out: Hospital de Hellín, Albacete. Spain.

<sup>\*</sup> Corresponding author: Servicio de Cirugía General y Digestiva del Hospital de Hellín. Hospital de Hellín. Calle Juan Ramón Jiménez, 40. CP 02400 Hellín, Albacete. Tel.: +34658432088; fax: +34967597202.

146 P. Calero et al.





Figures 3 and 4 Computed axial tomography images in which the segment involved in the intussusception can be seen.



**Figure 5** Image of the surgical specimen showing the ischemia produced by the bezoar.

computed axial tomography (CAT) scan identified an oval-shaped lesion that appeared to be an intestinal invagination in the right flank (Figs. 3 and 4). Given the diagnosis of bowel obstruction, emergency surgery was performed. Mechanical ileus of the small bowel in the mid jejunum due to invagination was observed, along with an intestinal bezoar that measured  $6 \times 4 \times 3$  cm with 2 invaginated zones and ulcerated serous membrane. About  $40 \, \text{cm}$  of the small bowel was resected and an end-to-end anastomosis was performed (Figs. 5 and 6). Postoperative progression was satisfactory.



Figure 6 The sectioned bezoar.

### Financial disclosure

No financial support was received in relation to this article.

### Conflict of interest

The authors declare that there is no conflict of interest.