Intussusception Due to Inflammatory Fibroid Polyp

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Since 1976 to 2011, a sum of 89 cases of inflammatory fibroid polyp (IFP) of the gastrointestinal tract is recorded in the literature. The lesion is always benign, may occur at any age but is most common in the sixth and seventh decades, and involves the stomach most frequently. Abdominal pain, often related to obstruction, is the principal symptom. The lesions are sessile or polypoidal, originate in the gut submucosa, vary greatly in cellularity, and have a wide range of tissue eosinophilia. We are presenting a rare case of ileoileal intussusception caused by IFP in a 32-year-old female. Resection and end-to-end anastomosis was done after reducing the intussusceptum.

Keywords: Inflammatory fibroid, Ileum, Intussusception, Polyp

INTRODUCTION

Inflammatory fibroid polyp (IFP) is rare mesenchymal tumors of the gastrointestinal tract which consist of spindle-shaped stromal cells and rich in eosinophils. Intussusception is a common condition in children; it is rare in adults. Adult intussusception represents 5-16% of all cases of intussusception and 1-5% of all cases of intestinal obstruction in adults. IFPs can develop in many different locations in the gastrointestinal tract. The most common site is the gastric antrum (66-75%) followed by the small bowel (18-20%), colorectal region (4-7%), gallbladder (1%), esophagus (1%), duodenum (1%), and appendix (1%). However, the ileal segment is the most common site where these polyps cause intussusception.¹⁴

CASE REPORT

A female patient of 32 years presented with pain and distension of the abdomen since 1-month duration. Pain abdomen associated with 10 episodes of vomiting, low-grade fever on and off. Since 15 days, colicky type pain was more in iliac fossa region radiating to the entire abdomen. The patient was passing mucous and jelly type stools.

On Examination
Patient was of thin built. She was febrile and dehydrated. Abdomen was distended and dilated loops of small bowel were seen. Bowel sounds were sluggish.

Ultrasoundography Abdomen (Figure 1)
Bowel in bowel appearance noted at lower abdomen involving ileocecum with bowel edema and few mesenteric lymphnodes suggestive of small bowel intussusceptions.

Computed Tomography (Figure 2)
They appears to be telescoping of small bowel loops into each other in the lower abdomen, free fluid in pelvis noted 100 ml, there are mesenteric lymphnodes up to 1 up no evidence of calcification; suggestive of small bowel intussusceptions.

Operative Findings
About 20 cm from ileocecal junction, ileoileal intussusception was seen. At the entry point, a small nodule was seen. The segment of intussusception was extending well into cecum, and it was gangrenous. Resection and end-to-end to anastomosis was done (Figures 3 and 4).

Histopathology (Figure 5) section from polypoidal mass shows mucosal lining, and submucosal tissue shows myofibroblast-like spindle cells with vesicular nucleus along with proliferative blood vessels. Stroma shows inflammatory cells predominantly eosinophils, a few neutrophils, and lymphocytes.

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As seen from the number of cases in the literature, IFPs are rare tumors of the gastrointestinal tract. The common site is stomach followed by small bowel. Intestinal IFPs are frequent cause of obstruction or intussusception. Here, we present a rare case of ileoileal intussusception due to IFP in a 32-year-old woman. IFPs were first described by Vanek, in 1949, as an eosinophilic submucosal granuloma in the stomach. Vanek found that IFPs are of inflammatory nature and submucosal in origin. Various IFPs were given various names such as: Eosinophilic granuloma, submucosal fibroma, hemangiopericytoma, inflammatory pseudotumor, and fibroma. In 1953, Helwig and Ranier coined the term IFP. Mostly, IFPs are asymptomatic and are incidentally found during endoscopic procedures and laparotomy. Clinical symptoms depend on the location and size of the tumor. Lesions in the stomach present abdominal pain. If the polyp is located in the small intestine, intussusception and obstruction are initial presenting symptoms. Other gastrointestinal symptoms, such as vomiting, diarrhea, bloody stools, tenesmus, and alterations in bowel habits, are less frequent. IFPs are small tumors measure between 2 and 5 cm in diameter. However, giant IFPs of 20 cm in diameter are also reported. IFPs usually present in the sixth or seventh decades but can occur as early as 5 months and as old as 92 years. Macroscopically, IFPS can be pedunculated or sessile, arise from the submucosa of the gut, and project into the bowel lumen. The mucosal surface is usually ulcerated and pale. Microscopically, it is consists of mononuclear, spindle-shaped cells, forming a whirl-like structure. The inflammatory infiltration consists predominantly
eosinophils and also includes blood vessels, lymphocytes, macrophages, and mastocytes. 

**CONCLUSION**

IFPs are rare, benign, tumor-like lesions of the gastrointestinal tract. They are mostly silent or asymptomatic; detected accidentally during endoscopy or during laparotomy. They can occur at any age. They are of variable size. Although their origin is in the submucosa, they project into the lumen and cause the symptoms when they are symptomatic; they cause obstruction or intussusception. Here, we present such a rare case of ileoileal intussusception caused by IFP in the 32-year-old woman.

**REFERENCES**


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