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Ileocolic intussusception due to a gastrointestinal stromal tumor

Gastrointestinal stromal tümöre bağlı ileokolik invajinasyon

To the Editor,

Intussusception, defined as the invagination of a part of the gastrointestinal tract into an adjacent part, is extremely rare in the stomach; the small bowel, ileocecal junction and colon are more commonly involved (1-3). Intussusception is uncommon in adults compared to the pediatric population. In children, 90% of the cases are idiopathic, whereas in adults, 70–95% of cases of intussusception have a specific identifiable cause. This cause is a benign or malignant neoplasm in about 65% of the cases (4,5).

A 64-year-old woman presented to our clinic with abdominal pain, nausea, an inability to defecate, and gradually increasing vomiting. Except for leukocytosis and minimal uremia, the laboratory results were normal. An upright plain abdominal X-ray revealed small bowel obstruction with marked small bowel air–fluid levels. At laparotomy, the small bowel was dilated, and the ileum was invaginated into the colon (Figure 1). When the ileum was reduced, 25 cm of bowel was seen to be devi-

talized. Furthermore, an approximately 3 x 3 cm solid mass was palpated 6–7 cm proximal to the ileocecal valve, extending toward the lumen. Ile-



Figure 1. The view of the invaginated segments.

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ocecal resection that included the devitalized ileal segment and ileocolic anastomosis were performed because the mass was possibly malignant. Immunohistopathological examination revealed a low-grade gastrointestinal stromal tumor (GIST), and histological examination indicated that the tumor consisted of spindle cells. The tumor cells stained positively for CD117 and CD34, while no staining with Ki67 was observed. After follow-up for 18 months, she showed no signs of either local regression or distant metastases.

About 75–90% of intussusceptions in adults are secondary to an underlying pathology, with approximately 65% due to benign or malignant neoplasms. Nonneoplastic processes constitute 15–25% of cases, while idiopathic intussusceptions account for about 10% (1,2,4). Most intussusceptions in the

small bowel are secondary to benign neoplasms, such as lipoma, leiomyoma, hemangioma, neurofibroma, and inflammatory fibroid polyps. Malignant lesions causing intussusception in the small bowel account for about 15% of cases and are most often metastatic, with melanoma by far the most common metastasis to cause intussusception. GIST and adenocarcinoma rarely cause ileal intussusceptions (5).

GISTs are the most common malignant mesenchymal tumors of the gastrointestinal tract. Intussusception is a very uncommon presentation of these lesions because of their tendency to grow in an extraluminal fashion. The standard treatment for primary GIST is complete surgical resection, with the aim of obtaining negative microscopic margins over the organ of origin (5).

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Intramural small bowel hematoma secondary to use of oral anticoagulant therapy

Oral antikoagulan kullanımına bağlı gelişen ince barsak intramural hematomu

To the Editor,

Intramural hematoma of the small bowel is an infrequent complication of the use of oral anticoagu-

lants, and it is easy to treat. Intramural hematomas of the small bowel usually present with na-

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