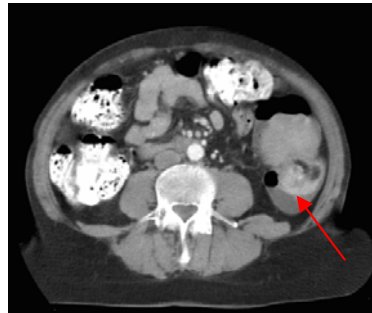
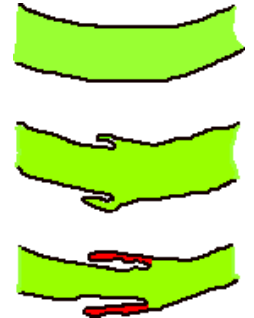


INTERESTING CASE PRESENTATION:
INTUSSUSCEPTION -- CT APPEARANCE



There is a “mass” in the left lower quadrant having a “pseudo kidney” or “target” appearance containing areas of fat and oral contrast. These findings are typical of colonic intussusception.



CLINICAL PRESENTATION: This 49-year-old female presented to her primary care physician for abdominal pain mainly in the left lower quadrant (LLQ). The patient was referred to AIC for a helical CT of the abdomen.

CT FINDINGS: The study was performed on AIC’s helical multislice CT (MSCT) scanner. Three series including a precontrast, an immediate postcontrast and a delayed series were obtained. The two images on the left are axial immediate postcontrast (arterial-venous phase) images showing a “mass” in the LLQ (arrows), inferolateral to the left lower pole kidney. It contains central fat (interposed pericolonic fat as shown in the right diagram), oral contrast within the lumen, and enhancing mucosa. It has a “psudokidney”, “doughnut” or “target” appearance.

EXPLAIN THE REASON FOR THE CT APPEARANCE: Intussusception is involution of a loop of bowel (**intussusceptum**) upon itself or adjacent bowel loop (**intussusciptiens**). This creates, in cross section, two layers of bowel wall interposed by peri-intestinal fat on each side with central bowel lumen (diagram on the right). Three concentric rings are seen due to lumen+wall of intussusceptum (central ring), crescent of mesenteric fat (middle ring), and returning intussusceptum+intussusciptiens (outer ring).

MOST COMMON LOCATIONS FOR INTUSSUSCEPTION: Ilio-colonic in children and ilioileal in adults.

ETIOLOGY OF INTUSSUSCEPTION: Almost 94% occur in children with an idiopathic etiology in 95% of them and 5% with a lead point. In adults, there is a lead point in 80% of cases with 20% of idiopathic etiology.

TREATMENT OF INTUSSUSCEPTION: Intussusception in children is usually reduced using a Barium or air enema. If there is a leading cause such as a tumor, then surgery is necessary.

For more information, please call me personally at (661) 255-0060, or visit our website at www.aicValencia.com.

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