Adult Intussusception in Asians: Clinical Presentations, Diagnosis, and Treatment.

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摘要

Abstract

Background: Adult intussusception is a rare clinical entity. The presentations and optimal management of adult intussusception in Asians have seldom been reported. The purpose of this study was to determine the causes and management of adult intussusception in Taiwan. Methods: A retrospective review performed at four medical centers in Taiwan identified 46 patients, at least 18 years old, with a diagnosis of intestinal intussusception from January 1992 to December 2005. Data related to presentations, diagnosis, treatment, and pathology were analyzed. Results: There were 28 men and 18 women with a mean age of 58 (range 19-83) years. Twenty-five patients were diagnosed with enteric intussusception and 21 patients with colonic intussusception. Disease in 35 (76.1%) patients was caused by a benign lead point. The most common symptom was abdominal pain, which was seen in all patients. Twenty-five patients presented with acute symptoms that they experienced over a period of less than 3 days. The preoperative diagnosis was 89.1% because of the wide use of abdominal computed tomography (CT). The most sensitive diagnostic modality was abdominal CT (88.6%). For all patients, 76% with enteric intussusception and 28.6% with colonic intussusception underwent operative reduction. At the time of writing, 71.7% patients were still alive. Only two patients died of postoperative complications. Conclusions: Most patients with adult intussusception in our series were men, and most intussusceptions were benign and of enteric origin. The most sensitive diagnostic modality is abdominal CT scan. Operative reduction is recommended for enteric intussusceptions but not for colonic intussusceptions. The prognosis of adult intussusception after surgery is good except for malignant intussusception

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