

Jejunojunal intussusception as a result of submucosal lipoma

An 81-year-old man presented to a surgical take with a 4-day history of abdominal pain, distension and inability to open his bowels. Previous medical history included ischaemic heart disease, hypertension, atrial fibrillation and gout. On examination, the abdomen was distended with visible peristaltic bowel loops in the upper abdomen. It was soft and non-tender on palpation with tinkling (increased) bowel sounds on auscultation.

A plain abdominal film was performed which showed dilated small bowel loops in the upper abdomen with normal calibre, small bowel loops in the pelvis. The large

bowel was normal. The appearances were suggestive of mechanical proximal small bowel obstruction.

Computed tomography of the abdomen with oral and intravenous contrast was performed which demonstrated dilated proximal small bowel

loops. There was a long segment of a circumferentially thickened jejunal loop with a bowel loop within it suggesting intussusception (Figure 1) caused by of a round homogeneous, low density and well-circumscribed fatty mass as a lead point (Figure 1).

The patient underwent explorative

laparotomy that revealed jejunojunal intussusception, which was resected with end-to-end anastomosis. Histology of the specimen confirmed intussusception as a result of polypoid submucosal lipoma in the jejunum. [BJHM](#)

Figure 1. Computed tomography of the abdomen demonstrates intussusception (large black arrow), as a result of a well-circumscribed fatty mass as a lead point (small black arrow) in the mid jejunum.



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