

CAECAI MASS ON BARIUM ENEMA STUDY - A CASE FOR ROUTINE COLONOSCOPY

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ABSTRACT

Prolapse of the ileal mucosa through the ileo-caecal valve or minor ileo-caecal intussusception is not uncommon and may occasionally be mistaken radiologically for a caecal neoplasm, especially if intestinal obstruction, abdominal pain or rectal bleeding is present. Colonoscopic visualisation and biopsy is important before surgery is advised. We describe a case of ileal mucosa prolapse masquerading as a caecal neoplasm on barium enema study. Colonoscopy showed prolapse of the ileal mucosa which was easily reduced by air insufflation and therefore unnecessary surgery was avoided.

Keywords: prolapse, ileo-caecal valve, colonoscopy

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INTRODUCTION

Barium enema is commonly performed for symptoms of recurrent abdominal pain, rectal bleeding or intestinal obstruction. Caecal neoplasm is suspected if a filling defect is found in the caecum on barium enema. However ileal mucosa prolapse or minor ileo-caecal intussusception may mimic caecal neoplasm or polyp. We report a caecal mass diagnosed as neoplasm on barium enema in a young man for which benign ileal mucosa prolapse was found and reduced colonoscopically.

CASE REPORT

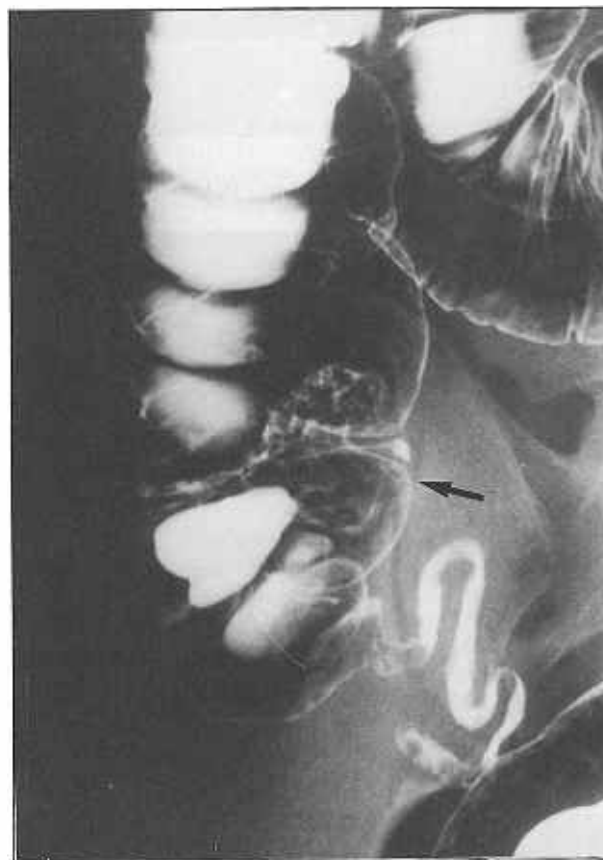
A 19-year-old man presented with a 6-month history of right lower abdominal colicky pain with occasional loose stools. Clinical examinations including rectal examination were normal. Routine haematological and biochemical tests were also normal. A barium enema examination showed a lobulated mass at the ileo-caecal valve which was diagnosed as a carcinoma (Fig 1). A colonoscopy was advised because of the unusual circumstance of a carcinoma occurring in a young man. Colonoscopy showed a prolapse of the ileal mucosa through the ileo-caecal valve (Fig 2). The prolapse mucosa was polypoidal and the surface was partly nodular. Air insufflation easily reduced the prolapse (Fig 3). The ileum was intubated and this showed multiple hypertrophied lymphoid follicles (Fig 4). Biopsies taken from the ileal mucosa showed reactive lymphoid hyperplasia. The patient was reviewed at 6 weeks and has remained well without recurrent pain.

DISCUSSION

Prolapse of the ileal mucosa through the ileo-caecal valve or minor ileo-caecal intussusception may occasionally present atypically in the adult with recurrent abdominal colicky pain. This is very different from the usual intussusception seen in infants and young children who usually present with a sudden onset of severe abdominal pain, red-current jelly stools and a sausage shaped mass on palpation⁽¹⁻³⁾. The older child or young adult usually presents atypically with non-specific and transient

symptoms as the intussusception tends to reduce spontaneously⁽⁶⁾. Organic lesions including polyps, carcinoma or hypertrophied lymphoid follicles may be the cause of intussusception as seen in our patient^(5,7).

Fig 1 – Barium enema showing a lobulated mass at the ileo-caecal junction



Our patient presented with non specific right-sided abdominal colic for which a barium enema examination was performed. The latter investigation revealed a caecal mass diagnosed as a caecal neoplasm. A right hemicolectomy based on this radiological finding is the traditional approach. Surgery was unnecessary in this instance as colonoscopy showed a prolapse of the ileal mucosa only and excluded a caecal tumour.

Ileal mucosa prolapse is commonly seen on colonoscopy. It is sometimes mistaken for a polyp or tumour by the inexperienced endoscopist. The mucosa may be smooth or irregular on close

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inspection. Often there may be associated hypertrophied lymphoid follicles. Insufflation of air usually reduces the prolapse easily. This condition is of no surgical significance except if mistaken for a polyp as accidental snaring of the lesion can be disastrous.

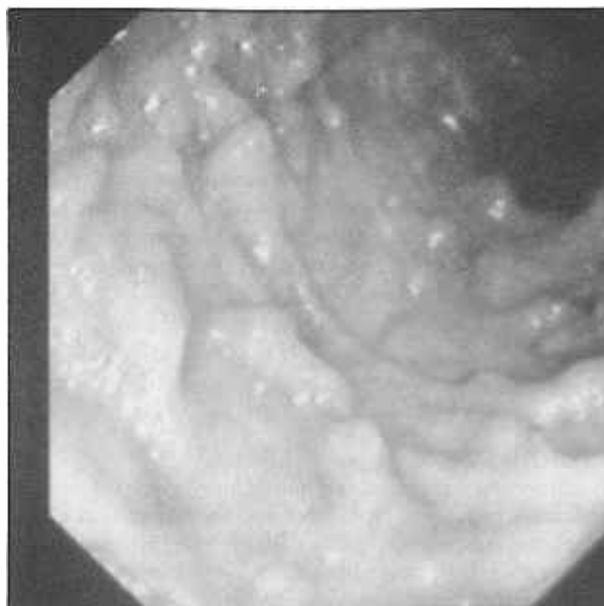
Fig 2 – Colonoscopy showing a prolapse of the ileal mucosa through the ileo-caecal valve



Fig 3 – Air insufflation reduces the prolapse easily



Fig 4 – Intubation of the ileum with the colonoscope shows multiple hypertrophied lymphoid follicles



This case report demonstrates the usefulness of colonoscopy in the evaluation of caecal masses. Unless the barium enema shows definite characteristics of a colonic neoplasm, it is probably prudent to perform a colonoscopy in order to visualise and biopsy the lesion before advising surgery. The value of this approach is clearly demonstrated in this patient.

In conclusion, the detection of a caecal mass on barium enema does not preclude colonoscopic examination. This is especially so if the barium enema characteristics of the mass do not show the pathognomonic features of a neoplasm. We advocate routine colonoscopy for visualisation and biopsy of these masses in order to prevent unnecessary laparotomies.

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