



IMAGE OF THE MONTH

Intestinal intussusception associated to diabetes

Intususcepción intestinal asociada a diabetes



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A 60-year-old male, with non-insulin treated diabetes mellitus is referenced by chronic diarrhea. Colonoscopy, biopsies and blood tests (including calprotectin and celiac disease study) were normal. The routine abdominal ultrasonography showed a jejune target sign suggesting a bowel intussusception (Fig. 1). It was persistent, with 8 cm in length, without bowel distension or neoplasms. As patient was asymptomatic it was agreed to perform a CT scan and be alert to obstructive symptoms. Three weeks later, the abdominal

CT confirmed the intussusception without complications or evident cause (Fig. 2). For further study it was performed an Entero-CT six weeks later, which do not diagnosed the intussusception.

Patient never had symptoms of obstruction. At the moment, patient is treated with insulin without recurrence of diarrhea.

In adults an intestinal intussusception is rare and usually is associated to neoplasm. This case shows an idiopathic

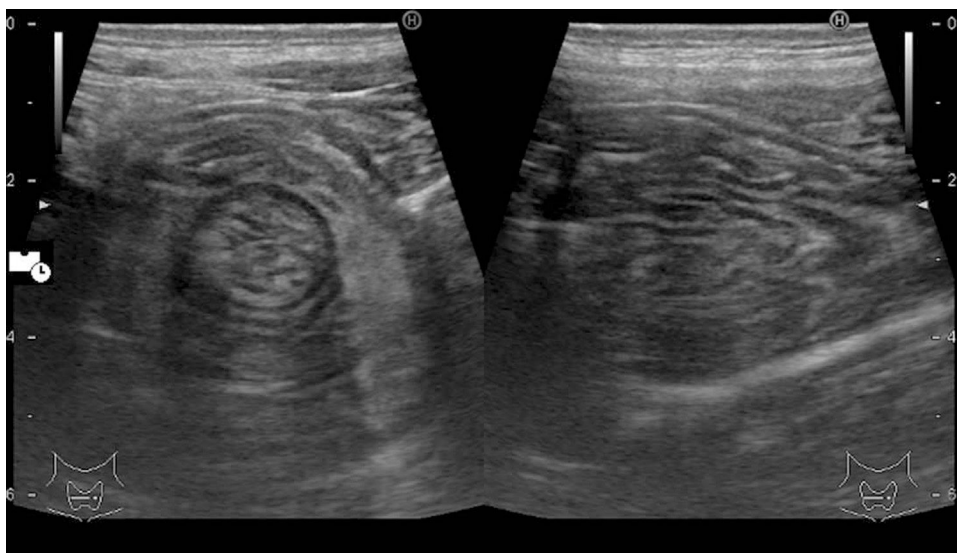


Figure 1 A jejune intussusception at ultrasound in a diabetic male with chronic diarrhea.

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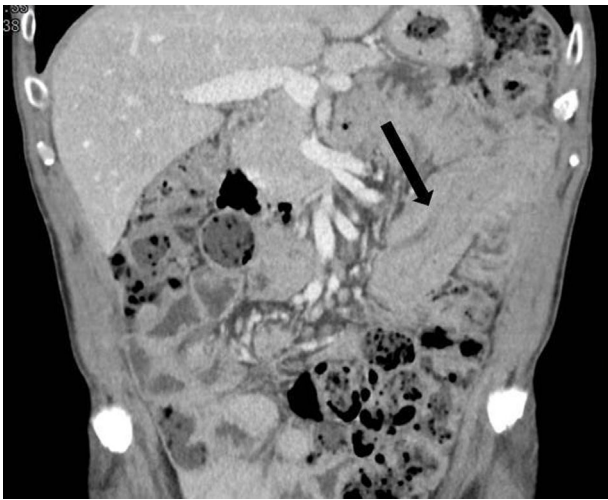


Figure 2 Abdominal computer tomography confirms the jejune intussusception (arrow).

rare condition diagnosed in a long date diabetic patient. It has been described some cases of intestinal intussusception in acute hyperglycemias.¹ The intestinal autonomic

neuropathy in diabetes, compromising the muscular tonicity and peristalsis, could lead to this condition.

Despite the absence of reports, an eventual association between diabetes and transient intussusception seems possible.

Reference

1. McFarlane SI, Byrne K, Shin J, Williams R. Intussusception in an adult patient with severe hyperglycemia –a case report. *Diabet Med.* 2002;19:611–4.