

A case of intussusception in an adult

To the Editor: We would like to report an unusual case of intussusception in an adult, caused by abdominal tuberculosis in an HIV-positive patient.

A 23-year-old, healthy looking taxi driver presented to hospital with a 1-week history of non-bilious vomiting, lower abdominal pain, constipation, anorexia and fever. He had a history of tuberculosis contact within his family, but had no typical symptoms. On examination he was afebrile, and had cervical lymphadenopathy, with frank peritonism in the right iliac fossa. The chest radiograph was normal, and there was no free air. At laparotomy, an irreducible ileo-ileal intussusception was found, with enlarged but non-caseating mesenteric nodes. There was no ascites, and no peritoneal tubercles. The intussusception was resected without reduction, and primary anastomosis performed. The postoperative course was uneventful, and the patient was started on antituberculosis therapy as soon as the histology report confirming tuberculosis was received. He was discharged via our antiretroviral clinic.

Adult intussusception is a rare condition, representing about 5% of all cases of intussusception and no more than 1 - 3% of all cases of bowel obstruction in adults. A demonstrable cause is found in 70 - 90% of adult cases, and

in 40% of these this is a primary or secondary malignant neoplasm. In many regions of Africa, intussusception is the most common cause of intestinal obstruction after strangulated hernia. 'Idiopathic' intussusception may become more prevalent as the number of AIDS cases increases, and it should be considered in the differential diagnosis; in these cases the lead point is probably lymphoid hyperplasia.

Although South Africa has one of the highest incidences of HIV infection in the world, intussusception due to tuberculosis in an HIV-positive adult is still very rare. In our department no surgeon has seen a case of intussusception in an adult, although we have been dealing with AIDS patients for years. Because of the nonspecific nature of the symptoms, the diagnosis will usually be intraoperative. In view of the rarity of the condition, there may be benefit in collecting cases of HIV-related intussusception centrally.

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