

JOINT EVENT

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Ileo-cecal intussusception against metastasis of melanoma in the ileum: clinical case and literature review**Danilov Mikhail**

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Intestinal intussusception is a very rare pathology, especially in adults. The causes of intestinal intussusception can be both benign and malignant neoplasms. Often, intestinal intussusception is an occasional diagnostic finding, but cases of clinically significant invaginations that lead to disruption of the intestinal passage are described. Significant diagnostic contribution is made by ultrasound and endoscopy, but sometimes one has to resort to such diagnostic methods such as CT (Computed Tomography) and MRI (Magnetic Resonance Imaging). The tactics of surgical treatment of intestinal intussusception are different and can vary from conservative intussusception to an expanded resection of the intestine site. In this clinical example, the case of ileo-cecal intussusception is described in the background of metastasis of melanoma in the ileum. 1. Colonoscopy - in the ascending colon, the invaginated small intestine, occupying 2/3 of the lumen (15 cm in length), is defined in the terminal part of the small intestine with a diameter of about 4 cm. CT of abdomen - intussusception of the terminal part of the ileum into the cecum and ascending colon, the blood flow at the level of the invaginate is traced. 2. Operation - right-sided hemicolectomy with D-3 lymphadenectomy (considering the absence of morphological verification of the tumor and the impossibility of excluding malignant lesions). 3. Histological examination - pigment-free metastasis of melanoma, there are no metastases in 29 lymph nodes, expression of S100, CD117, HMB45 Melan A is determined in tumor cells.

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