

### **Adult Intussusception**

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**A sixteen-year-old male presented with a history of abdominal pain and vomiting for two days. CT scan revealed ileoileal intussusception and volvulus with free fluids. Exploratory laparotomy revealed gangrenous bowel. Intussusception and volvulus found approximately 10 to 15 cm away from the ileocecal valve. The gangrenous bowel segment was resected using a stapler. The patient had an uneventful recovery.**

**Adult intussusception is rare and differs from pediatric intussusception in presentation, etiology and management. The diagnosis could be delayed due to its non-specific, intermittent and longstanding symptoms. The majority of the cases are diagnosed during emergency laparotomy. A CT scan could be helpful in making the diagnosis earlier. In adults, simple bowel resection is the best modality of treatment. Recently, most surgeons recommend surgical resection, especially in colonic cases, where malignancy is usually present. The extent of resection and reduction of the intussusception is still controversial.**

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