

Duodenal Intussusception Caused by Chronic Pancreatitis

Dae Hyun Lim, Seong Woo Nam, Jae Yoon Jeong, Jong Kyung Choi, Yong Bum Yoon,
Mee Hyun Paek, Sang Min Han, Soo Hee Jang and Hyun Mee Park



Dae Hyun Lim¹, Seong Woo Nam¹, Jae Yoon Jeong¹, Jong Kyung Choi¹,
Yong Bum Yoon¹, Mee Hyun Paek¹, Sang Min Han¹, Soo Hee Jang¹ and
Hyun Mee Park²

¹Department of Internal Medicine, National Medical Center, Seoul, Korea

²Department of Radiology, National Medical Center, Seoul, Korea

Background

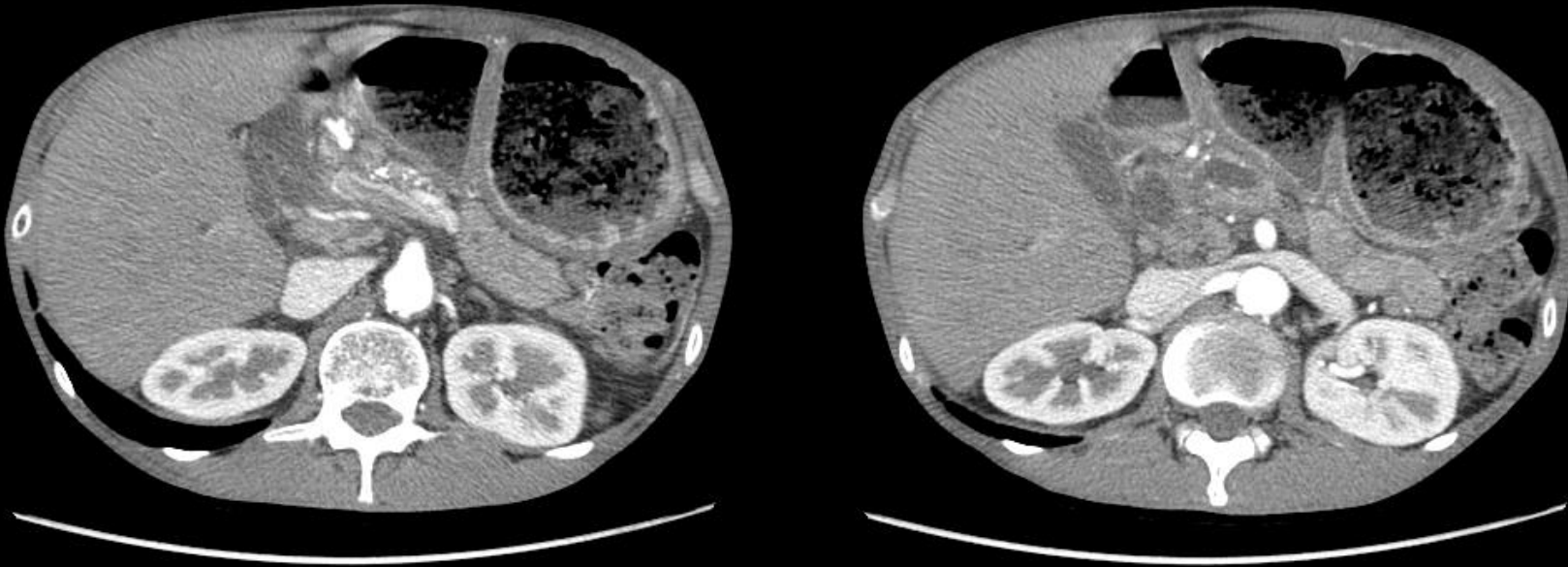
- Duodeno-duodenal intussusception is a rare clinical condition which is the invagination of one segment of the intestine into another. Usually, there are some leading causes such as intestinal malrotation, tumor, and duodenal web.
- We experienced a very rare case with duodenal intussusception in a patient with pancreatitis. We could not find leading cause of intussusception except chronic pancreatitis.

Case

- A 52-year-old man with known chronic pancreatitis presented to emergency department with epigastric pain and vomiting. He was chronic alcoholics who had daily binge drinking (Soju, 3~4 bottles/day) and taking oral hypoglycemic agent for diabetes mellitus.
- He had admitted to our institute several times due to recurrent pancreatitis caused by alcohol and diagnosed with chronic pancreatitis 7 years before presentation.

- Laboratory findings showed slightly increased amylase (114 U/L) but normal lipase (29 U/L) and revealed normal ranges of liver function tests.
- Abdominal CT scan showed chronic pancreatitis with acute exacerbation in the pancreas head, and also showed duodenal intussusception with marked distended stomach. Ampulla of Vater was located within the segment of intussusception.
- Upper gastrointestinal endoscopy showed intussuscepted duodenum, 10 cm length (from duodenal bulb to 2nd portion) with congested and benign looking mucosa. There were no visible leading cause for intussusception in the endoscopic findings. Endoscopic biopsy was reported as nonspecific duodenitis.
- He improved with supportive care and followed up in the outpatient clinic after discharge.

Imaging findings

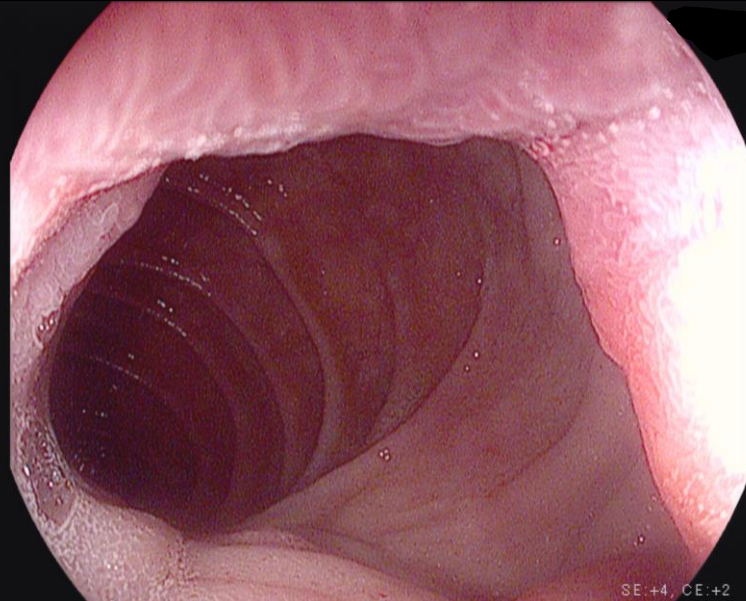
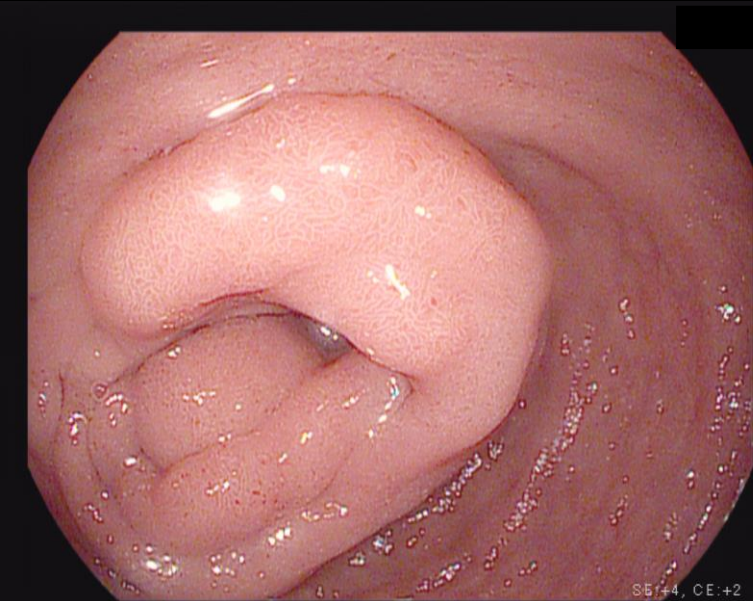


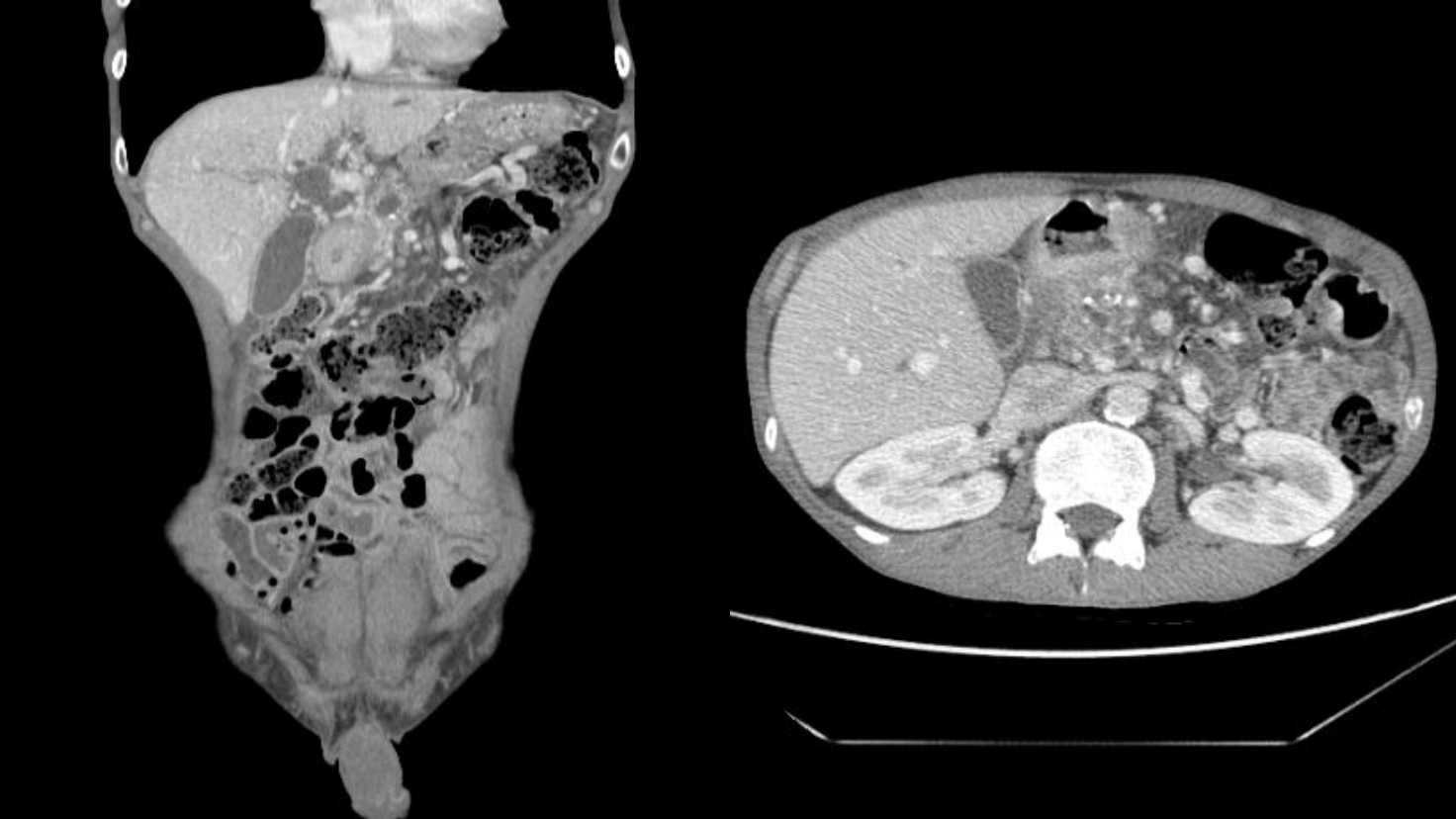
- Initial CT scan showed pancreatic atrophy with parenchymal calcification. Also, there are marked dilatation of main pancreatic duct and common bile duct.



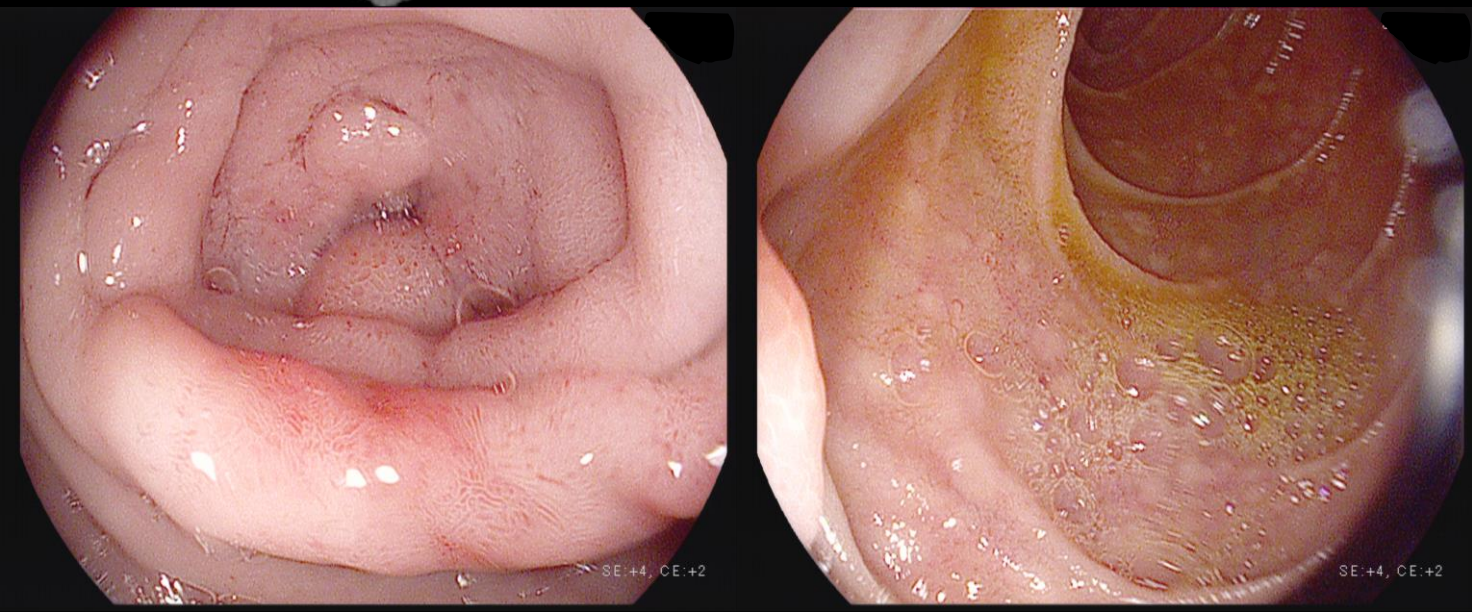
- At the duodenal levels, CT scan demonstrated duodenal intussusception with the characteristic double configuration of the intestinal wall (arrow).

- Upper gastrointestinal endoscopy showed duodenal intussusception and mucosal edema in the bulb.





- After conservative treatment (hospital day #10), CT scan demonstrated normal contour of duodenal configuration with resolved intussusception.
- Endoscopic findings showed improved duodenal intussusception except duodenitis with edema.



Conclusion

- Severe pancreatitis can cause duodenal edema but rarely cause duodenal intussusception.
- We reported the case of duodenal intussusception caused by pancreatitis and improved with supported care.