Jejunal intussusception due to a pulmonary cancer metastasis - a rare cause for small bowel obstruction

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BACKGROUND

Pulmonary carcinosarcoma is a poorly differentiated non-small-cell carcinoma that contains components of sarcoma. It is a rare entity with high risk of local recurrence and metastasis, representing 0.1% of lung cancer. Reported survival ranges from 21% at 2 years to less than 10% at 5 years. This histologic subtype with both epithelial and mesenchymal components has a tendency for intestinal metastasis. We report the case of a jejunal metastasis with an intussusception as presentation.

METHODS

We present the case of a 70 years-old man with an intussusception due to a jejunal metastasis from a lung carcinosarcoma.

RESULTS

Twelve months after a left superior pulmonary lobectomy for carcinosarcoma, the patient was admitted to our institution for abdominal pain and melena lasting for 3 days. After a normal gastroscopy, abdominal CT-scan demonstrated a jejuno-jejunal intussusception. At laparotomy the invagination could be confirmed being 20 centimeters below the duodenal flexure without any signs of perforation. A segmental small bowel resection with direct anastomosis was performed. Histology confirmed a pulmonary carcinosarcoma metastasis serving as hypomochlion for the intussusception. The post-operative course was uneventful and the patient went home 4 days after surgery.

DISCUSSION

Pulmonary carcinosarcoma is a rare cancer with tropism for intestinal metastasis. The fibrous histologic nature makes these secondary lesions a clear lead point and hypomochlion for a potential intussusception. Two case reports have been published describing a jejunal metastasis and a segmental resection with primary anastomosis was achievable, as in our experience.

In adults, intussusception are more frequently tumor-related. An operative manipulation could disseminate tumor cells and allowing local or distant metastasis. Per-operative reduction should be avoided to reduce this potential cancerous cell spoliation following the same principles as the no-touch technique described by Turnbull et al. for the cancer of the colon.

REFERENCES