



## INFLAMMATORY FIBROID POLYP; A RARE CAUSE OF SMALL INTESTINAL OBSTRUCTION DUE TO INTUSSUSCEPTION.

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**ABSTRACT...** There are several pathologies causing intussusception. Benign diseases are the typical causes for childhood bowel obstruction. However, malignant or adhesive diseases are for common in adults. Although cases of ileal intussusception in adults due to inflammatory fibroid polyp is quite rare but few cases has been reported in literature. A 35 year old presented with a history of multiple episodes of abdominal pain, distention, relative constipation and vomiting over a period of 3 month. He also had a history of appendectomy 2 months back. Exploratory laparotomy was done and inflammatory fibroid polyp found to be the cause of obstruction.

**Key words:** Bowel Obstruction, Fibroid Polyps, Intussusception.

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### INTRODUCTION

Small bowel obstruction or “Intussusceptions” are of different type and etiology causing small bowel obstruction varies by age. In children and adolescent, benign disease is the main cause whereas malignant and adhesive diseases are more common in adults.

Barbette of Amsterdam<sup>1</sup> in 1674 first reported which is further presented in a detailed report By John Hunter<sup>2</sup> in 1789 as “introssusception”, Intussusception is a disorder in which part of the intestine slides into an adjacent part of the intestine. The telescoping part is called intussusceptum, and distal segment called intussusciptions. Historically, Sir Jonathan Hutchinson was the first to operate on a child with intussusception in 1871.

Adult intussusception represents 5% of all cases of intussusceptions and accounts for only 1%-5% of intestinal obstructions in adults.<sup>3</sup> Adult intussusception is different from pediatrics form in various aspect. In children, it is usually primary and benign, and non-operative techniques (pneumatic or hydrostatic reduction) are sufficient to treat the condition in 80% of the patients. In contrast, almost 90% of the cases of intussusceptions in adults are due to pathologic

condition that serves as a lead point, such as carcinomas, Polyps, Meckel’s diverticulum, colonic diverticulum, strictures or benign neoplasm, which are found intraoperatively.<sup>4-6</sup> Due to a high risk of associated malignancy, which approximates 65%<sup>7,8</sup>, non-operative techniques are not preferred in adults Therefore, 70 to 90% of adult cases of intussusceptions require definite treatment, of which surgical resection is, most often, the treatment of choice.<sup>9</sup>

### CASE REPORT

A 35 years old male presented with complaints of paraumbilical pain especially after eating anything for 3 months. Patient had a history of appendectomy 2 months back. He reported several episodes of identical pain over same period of time. The pain is moderate in intensity, non-radiating in character, colicky in nature. The pain is relieved when patient passes flatus or stool. Pain reappears after eating solid food but not related to semi-solids or liquids. The pain is associated with abdominal distention which is also settled after passing stool. The frequency of stool is decreased as per patient normal habit. The stool is soft in texture and of normal color. Pain is also associated with vomiting which is bilious in nature.

Between the episodes, the patient reported normal bowel habits. He had no history of loose motion, weight loss, or vomiting. The patient had no history of intestinal bleeding. He had never undergone an endoscopy or colonoscopy in the past. The patient did not use anti-ischemic or pain-killers on a regular basis. The patient had no past medical history.

On physical examination, abdomen is distended, and there is a scar mark for appendectomy.

On palpation, abdomen is soft, mild tender at umbilical region and right iliac fossa. And there is a firm mass of about 6 \* 4 cm just right of umbilicus extending toward right iliac fossa. Upper and lower limit is approachable. And mass has no relation with respiration. There are no other significant findings.

Laboratory evaluation demonstrated a normal complete blood count and normal iron studies.

Exploratory laparotomy was done and per operative findings is 4 \* 3 cm ileal mass 40 cm from ileocaecal junction, polypoidal soft mass that leads to ileo-ileal intussusceptions. Resection anastomosis done. Post operative period remained unremarkable and patients discharged after 5 days. Patient is still normal even after 9 months of operation.

Pathology reports show 3.5 \* 3.5 \* 3 cm polyp, rest of mucosa is unremarkable, stalk measures .5 cm in length. Histological examination shows growth is composed of proliferation of fibroblasts, mixed inflammatory cells with many eosinophils.

## DISCUSSION

Inflammatory fibroid polyps (IFP) are benign non-metastasizing tumors of the digestive tract.<sup>10-14</sup> The most commonly affected site is the stomach and particularly the gastric antrum (70% of cases) where an incidence of 4.5% of all gastric polyps has been reported, followed by the small bowel (20% of cases). Rare cases have been described in the rectum, duodenum and esophagus (the distal third being the commonest site).<sup>14</sup> Gastric polyps tend to be significantly smaller than

intestinal polyps.<sup>15</sup> IFP has a peak prevalence in the 5th and 6th decades of life and has no sex predilection. Recurrence in a familial setting has been reported.<sup>14,16</sup>

The cause of inflammatory fibroid polyps (IFPs) is still unknown. Many have suggested etiologies possibly related to chemical, physical, or metabolic triggers. IFPs were first described in a study by Vanek in 1949 as "gastric sub mucosal granuloma with eosinophilic infiltration".<sup>17</sup> Later they recognized under a variety of different names such as inflammatory pseudo tumor, granuloma with eosinophils, eosinophilic granuloma, and polyp with eosinophilic granuloma. Four years after their initial appearance in the literature, the term inflammatory fibroid polyp was introduced in a study by Helwig et al. and has since become the most widely used.<sup>18</sup> They are either treated by surgical resection<sup>19</sup> or by endoscopically.<sup>21,22</sup>



**Figure-1. Inflammatory fibroid polyp shows through incision in small intestine causing recurrent attacks of obstruction**



**Figure-2. Large fibroid polyp**

## CONCLUSION

Polyps are rare but when present can be found anywhere in GIT and may causes obstruction leads to intussusception.

## Abbreviations

Inflammatory fibroid polyp; IFP

## Consent

Informed and written consent was taken for publishing of this article.

## Competing Interests

The authors declare that they have no competing interests.

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The greatest **happiness** is to know  
the source of **unhappiness**.

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*“Fyodor Dostoevsky”*

#### AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Safia Zahir	Main reseach, evalustion writing and drafting.	
2	Bilal Ahmed	Final drafting and revising of the final version of the paper.	