

# Case #2

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March 24<sup>th</sup> , 2022



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INTERNATIONAL CENTER FOR  
**COLORECTAL AND  
UROGENITAL CARE**



## 4-year-old boy

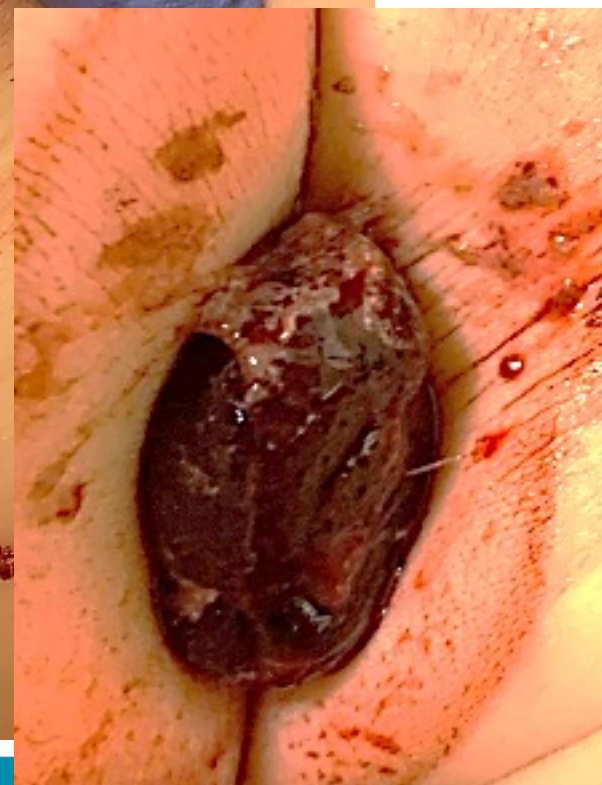
- 3-month history of intermittent abdominal pain
- History of pinworms



- After bowel movement, severe anal pain with visible protrusion from his anus









# What is your differential diagnosis?

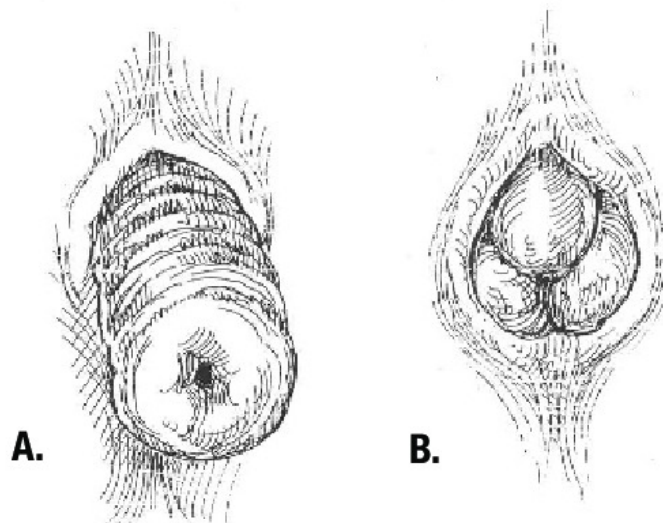
1. Anal prolapse
2. Rectal prolapse
3. Rectosigmoid intussusception
4. Prolapsing polyp
5. Pinworm – Ball



# Anal prolapse versus Rectal prolapse

A. Anal prolapse

B. Rectal prolapse



Hammond K, Beck DE, Margolin DA, Whitlow CB, Timmcke AE, Hicks TC. Rectal prolapse: a 10-year experience. Ochsner J. 2007 Spring;7(1):24-32. PMID: 21603476; PMCID: PMC3096348.

# Findings on US



Left lower quadrant intussusception

Prolapsing bowel from the anus  
(uncertain if this is connected to the  
remainder of the colon)

MSK Gen

eL18-4

47Hz

RS

2D

57%

Dyn R 68

P Med

Pen

P

TIS0.3 MI0.6

M3

- 1

- 2

- 3

X3

- 4

- 5

- 6

- 7

TRV LLQ





# What operative plan would you consider?

- 1) Colonoscopy
- 2) Diagnostic Laparoscopy
- 3) Laparotomy



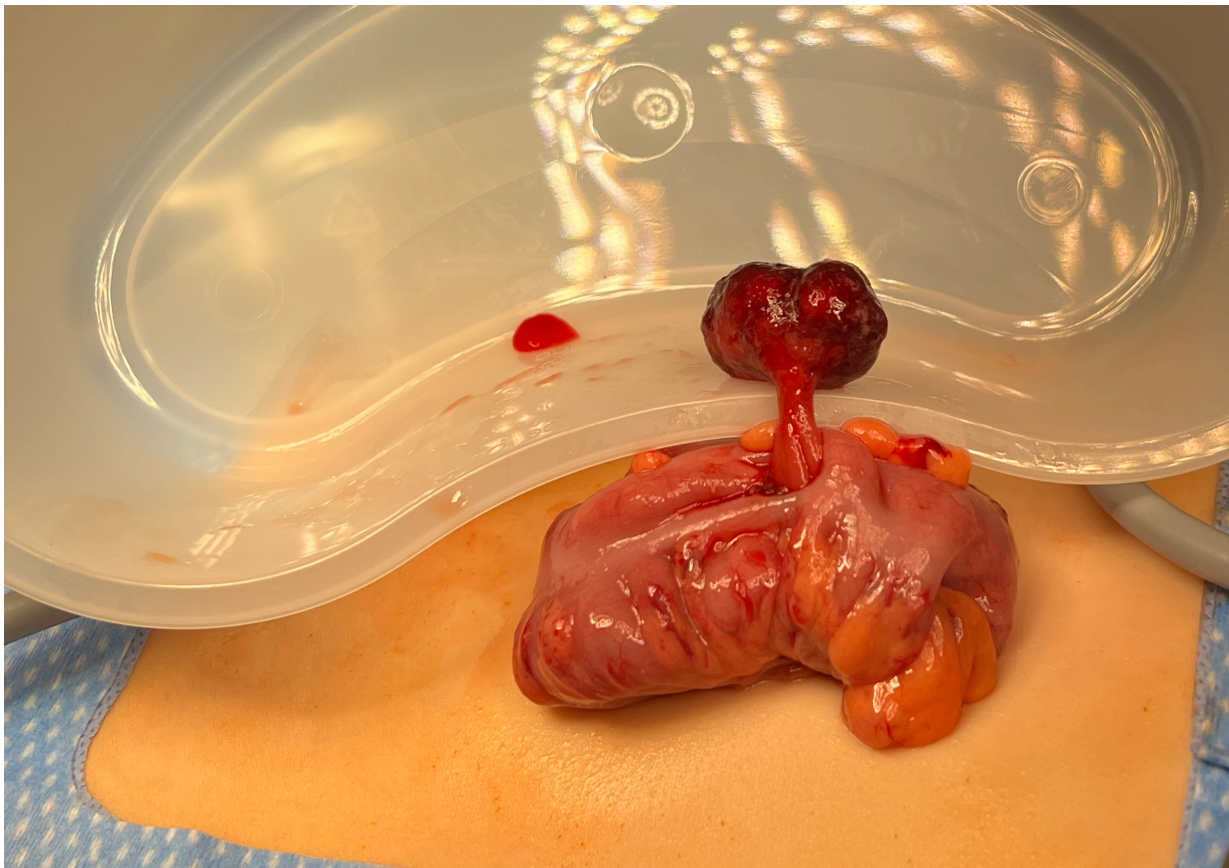


# Operation

- 1) Reduction of the prolapsed tissue
- 2) Diagnostic Laparoscopy with open resection of polyp









# Pathology

## Diagnosis

Juvenile polyp 2.9x1.6x1.6cm



# Case reports

Case Reports > Cureus. 2021 Mar 10;13(3):e13798. doi: 10.7759/cureus.13798.

## Laparoscopic Resection of an Acute Rectosigmoid Intussusception Due to a Giant Pedunculated Lipoma

Jenny Sohn<sup>1 2 3</sup>, Robert D Knox<sup>1 4</sup>, Andrew Gilmore<sup>1 5</sup>

Affiliations + expand

PMID: 33717770 PMCID: PMC7944426 DOI: 10.7759/cureus.13798

[Free PMC article](#)

### Case Report

## A child with colo-colonic intussusception due to a large colonic polyp: Case report and literature review

Toshiaki Takahashi, Go Miyano, Hajime Kayano, Geoffrey J. Lane, Atsushi Arakawa<sup>1</sup>, Atsuyuki Yamataka

Access this article online

Website:

[www.afirjpaedsurg.org](http://www.afirjpaedsurg.org)

DOI:

10.4103/0189-6725.137338

Quick Response Code:





# Colo-colonic Intussusception

1. Mobile colon (sigma, transverse colon)
2. Pathological leading points



# Pathological Leading points



1. Colonic polyps including mucosal neurofibroma
2. Pneumatosis intestinalis in Morbus Crohn
3. Bezoars
4. Hereditary angioneurotic edema
5. Henoch Schoenlein Purpura
6. Cystic fibrosis
7. Postoperatively