

## Image of the Month

## An unusual case of intestinal obstruction



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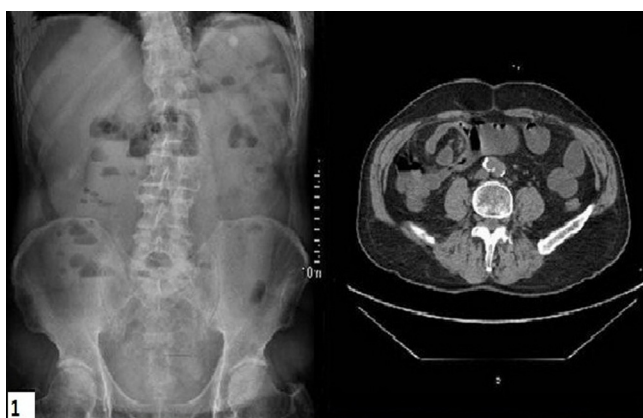


Fig. 1.

A 66 year-old man presented to emergency room complaining of abdominal pain, vomiting, and inactive bowel, and was admitted to hospital with a diagnosis of acute bowel obstruction. He had no history of previous abdominal surgery however, three years prior he had undergone excision of a thoracic skin melanoma, with right axillary lymph node dissection. The procedure was followed by 12 months of interferon therapy. Recent scheduled laboratory follow-up revealed an increase in inflammatory markers and mild anaemia. Abdominal X-ray showed diffusion of intestinal air–fluid levels and computed tomography scans suggested volvulus of the small bowel (Fig. 1).

At exploratory laparoscopy a duplication of the terminal ileum was found, and resection of 30cm of ileum and primary anastomosis was performed. Pathology confirmed the cystic



Fig. 2.

duplication of the terminal ileum, and a large polyp measuring 8.5 cm × 5 cm × 6 cm with a central green necrotic area (Fig. 2) was found on the mucosal surface. Immunohistochemical analysis revealed immunoreactivity for Melan A, S 100 and Vimentin, thereby confirming the presence of metastatic melanoma.

Roughly 80% of duplications of the intestine are found in infants, with the ileum as the most frequently affected site [1]. In adulthood, surgical resection should be considered in symptomatic patients. Intestinal metastases from primary melanoma are infrequent but can cause bowel obstruction, and relationship with the intestinal duplication is unknown.

## Reference

- [1] Ladd WE. Surgical diseases of the alimentary tract in infants. *The New England Journal of Medicine* 1936;215:705–8.

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