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A Case of Gastroduodenal Intussusception Secondary to Gastric Carcinoid Tumor

Ju Ik Son, M.D., Jun Hee Lee, M.D., Sang In Lee, M.D., Jun Pyo Chung, M.D., Kee Sup Song, M.D., Jina Park, M.D., Sung Woo Choi, M.D., Jung Il Lee, M.D., Kwan Sik Lee, M.D., Jeong-Sik Yoo, M.D.*, Seung Ho Choi, M.D.†, and Chanil Park M.D.‡

Departments of Internal Medicine, Radiology, General Surgery†, and Pathology‡,
Yonsei University College of Medicine, Seoul, Korea*

Gastroduodenal intussusception is a rare condition caused by the prolapse of a gastric tumor and subsequent invagination of the gastric wall into the duodenum. The lead point of the intussusception is usually a benign gastric tumor such as adenoma, lipoma, and leiomyoma. Only a small number was attributed to gastric carcinoma, giant solitary gastric heterotopia, Menetrier's disease, and Peutz-Jeghers syndrome. In Korea, only two cases of gastroduodenal intussusception caused by adenoma and by leiomyoma have been reported. We experienced a case of gastroduodenal intussusception caused by gastric carcinoid tumor in a 76-year-old woman. Interestingly, she had been diagnosed as having gastric carcinoid tumor metastasized to the liver 5 years and 3 months before this gastroduodenal intussusception occurred. This rare clinical setting of gastroduodenal intussusception by a rare cause is reported with a review of the literature. (**Korean J Gastroenterol 2001;38:288-291**)

Key Words: Gastroduodenal Intussusception, Carcinoid Tumor

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9,10 5 3

76

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가 가

1

2

3,4

(giant solitary gastric heterotopia),⁵Menetrier's disease,⁶ Peutz-Jeghers syndrome,⁷ ,

76 가 2

2,8

2000 12 13

15

가

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: , 135-270,

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98 12 , 99 11

. 가

95

Tel: (02) 3497-3310, Fax: (02) 3463-3882

9 10

E-mail: chungjp@yumc.yonsei.ac.kr

(Fig. 1)

5 97 , 99 10
 , 가
 × 3 cm
 (Fig. 2).
 2
 5-fluorouracil 1,500 mg/ 5
 cisplatin 150 mg/ 1 95 12 96 1
 2 . 96 3
 가 가 가

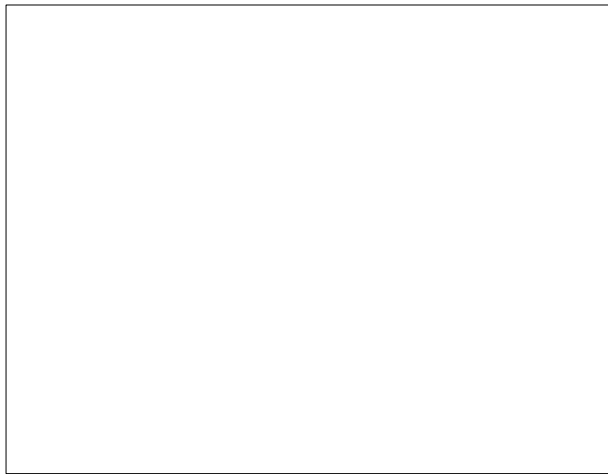


Fig. 1. A CT finding. A 3 cm sized round low density mass is seen on the junction between the right and left lobe of the liver. There were several this kind of low density masses in the liver.

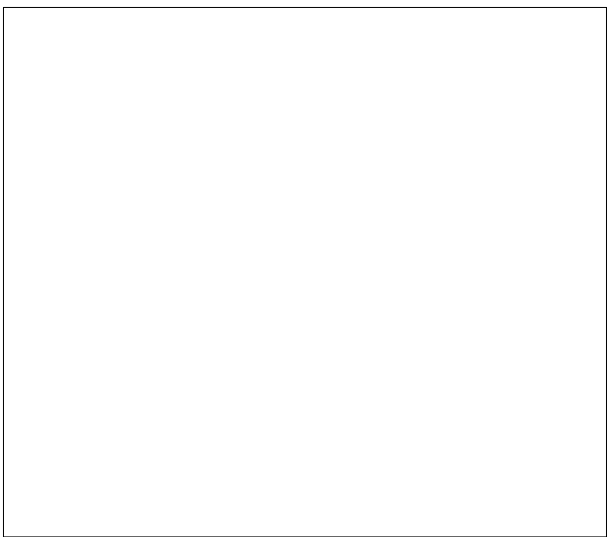


Fig. 2. An endoscopic finding. A well demarcated 5 x 3 cm sized polypoid mass with central ulceration is noted on the greater curvature of the midbody.

2
 99
 12 , 2000 5 ,
 140/80 mmHg, 80 / , 20 / , 37.2
 ,
 , 3 × 3 cm
 가 ,
 96 3 가 42.0 pg/mL
 , 97 12 24 5-HIAA (hy-
 droxyindoleacetic acid) 13.20 mg/ 가 ,
 3.0 ng/mL .
 3,670 /uL,
 14.7 g/dL, 43.7 %, 278,000 /uL
 , 168 mg/dL, BUN
 33.5 mg/dL, 1.1 mg/dL, 2.1 mg/dL,
 184 mg/dL, 5.8 g/dL, 3.7 g/dL,
 0.4 mg/dL, 88 IU/L, -GT
 16 IU/L, AST 30 IU/L, ALT 20 IU/L ,
 79% ,

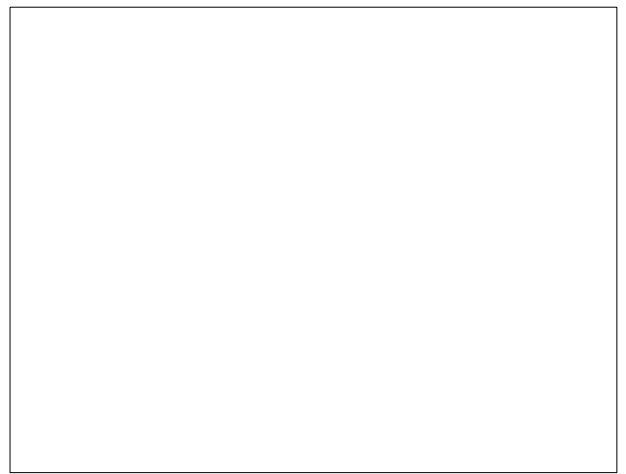


Fig. 3. A CT finding. A large soft tissue mass in the duodenum (arrows) and invagination of the omentum into the duodenum (arrow heads) are seen.

2 가 × 5 cm 가

(Fig. 3). 2

(Fig. 5). 11

(Fig. 4)

7 가 2 가 8×5

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5 3

10 59% ¹¹ 가 5 50%
¹² 가

가 ,¹³

가 가

. Lee ⁴

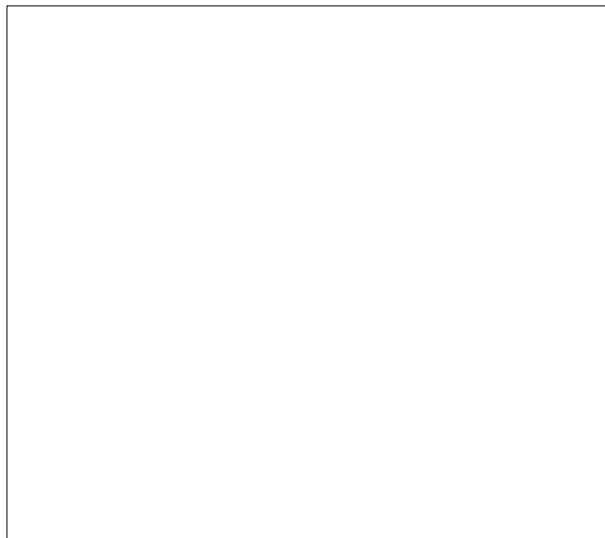


Fig. 4. An endoscopic finding. Abnormally convergent gastric folds extending from the anterior wall and great curvature side of the gastric body toward the antrum is noted.

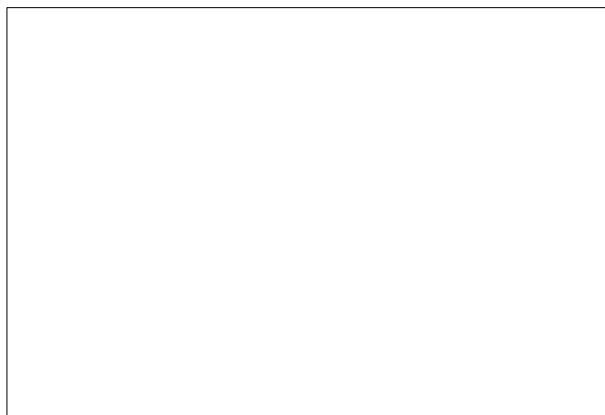


Fig. 5. A pathologic finding. The tumor was composed of markedly pleomorphic cells characterized by large, irregular, hyperchromatic nuclei and prominent nucleoli, being consistent with diagnosis of atypical carcinoid tumor. (H&E stain, ×400)

