Image of the Month

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A 41-YEAR-OLD MAN WAS ADMITTED TO THE hospital with a history of an acute onset of central colicky abdominal pain associated with nausea and vomiting. Similar episodes in the past were short lasting and did not require admission. Clinical examination results were unremarkable. Initial treatment was conservative, but a laparotomy was performed following a computed tomographic scan of the abdomen and pelvis (Figure 1). An extensive ileoileal intussusception with no lead point was identified and reduced. There were fleshy lymph nodes in the mesentery, some of which were biopsied. There was no vascular compromise of the intestine. As there was no lead point, an upper endoscopy was performed and histology of the biopsy specimen from the third part of the duodenum established the diagnosis (Figure 2).

What Is the Diagnosis?

A. Angioedema
B. Vasculitis
C. Celiac disease
D. Crohn disease
E. Lymphoma

Figure 1. Computed tomographic scan of the abdomen shows targetlike thickening of the small-bowel loops due to thick-walled intussusceptum surrounding the central intussusceptum with mesenteric fat and blood vessels.

Figure 2. Duodenal biopsy showing the luminal aspect of the intestine (hematoxylin-eosin, original magnification ×100).