

Solitary fibrous tumour presenting as intussusception

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A 49-year-old male with no comorbidities presented with acute colicky lower abdominal pain for one day, alongside three months of intermittent abdominal pain, loose stools, and melena. A contrast-enhanced computed tomography scan revealed an intussusception. During exploratory laparotomy, an ileo-ileal intussusception with a 3 cm polypoid lesion 10 cm from the ileo-caecal junction was found. The intussusception was reduced, followed by ileal resection and anastomosis. Histopathology and immunohistochemistry (positive for STAT6, CD34, Vimentin, and SMA) confirmed a solitary fibrous tumour (SFT) of the ileum. The patient recovered well and was discharged eight days postoperatively. He is on annual follow-up.

Teaching point

This index presentation of a primary SFT of the ileum highlights the need for a comprehensive approach in patients with abdominal pain, considering rare causes and utilising thorough imaging, intraoperative evaluation, and histopathological/IHC analysis for accurate diagnosis and treatment. While most tumours are benign and locally aggressive, some can be malignant. Surgical resection remains the primary treatment for SFTs, varying by tumour location.

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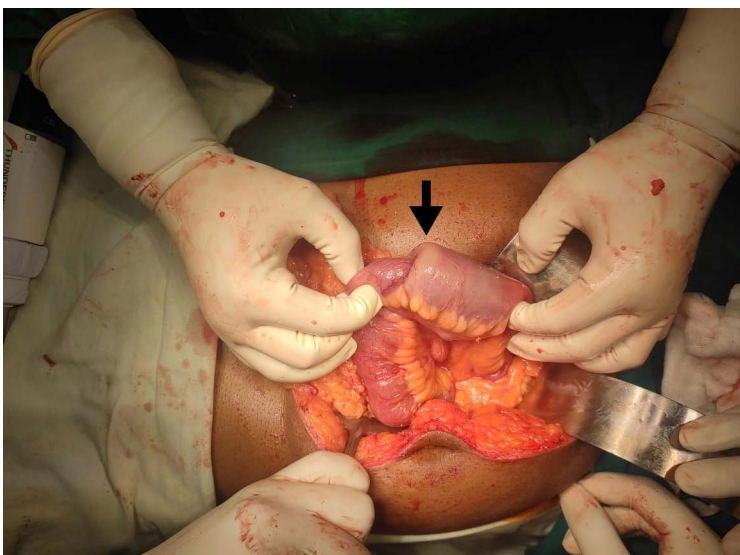


Figure 1: Intraoperative image
Arrow shows Ileo-ileal intussusception

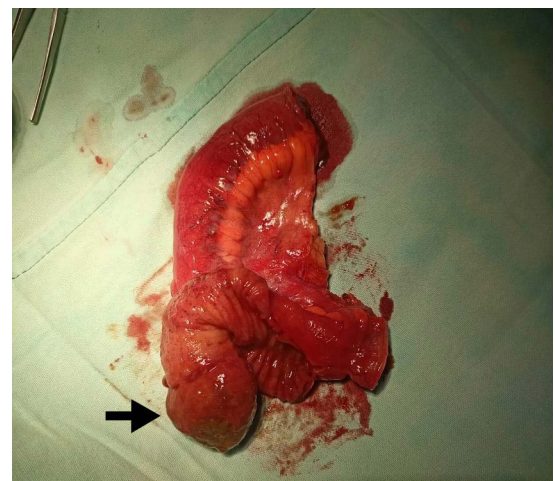


Figure 2: Resected specimen
Arrow shows polypoid mass as the lead point