54-YEAR-OLD WHITE MAN PRESENTED WITH abdominal pain, vomiting, and diarrhea. His symptoms had started 4 months earlier during a trip to Colorado, when he developed altitude sickness. Since then he had experienced intermittent episodes of nonbloody diarrhea alternating with constipation. A course of metronidazole hydrochloride did not affect the symptoms. On the day of admission, he presented with a severe episode of periumbilical pain and vomiting. His examination was notable for right lower-quadrant tenderness with a distended abdomen and a white blood cell count of 9320/µL.

A helical computed tomographic scan of the abdomen was obtained after oral contrast (Figure 1). The patient was taken to the operating room with a diagnosis of small-bowel obstruction secondary to ileoileal intussusception. Exploration of the abdomen revealed an intussusception of about 20 cm at the level of midileum. This was reduced and the bowel was completely viable. The lead point was an easily palpable intraluminal mass that was 6.5 cm long and 2 cm in diameter (Figure 2).

What Is the Diagnosis?

A. Small-bowel adenocarcinoma
B. Small-bowel lymphoma
C. Inverted Meckel diverticulum
D. Small-bowel lipoma

Author Affiliations: Department of Surgery, Brigham and Women’s Hospital, Boston, Mass. Dr Behdad is now with the Department of Neurosurgery, Washington University in St Louis, St Louis, Mo.