INTERESTING CLINICAL IMAGE:
A Fortuitous Fall

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GENERAL INFORMATION

Interesting Clinical Image is a new section of OPUS 12 Scientist featuring interesting and controversial medical images—both radiographs and traditional photographs. Readers are encouraged to submit medical images from their institutions. Submissions should be directed to one of the Principal Editors of OPUS 12 Scientist.


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A 71-year-old intoxicated man was brought to the Emergency Department as a trauma activation after falling from a standing height. He was amnestic to the event and had ecchymotic and swollen left periorbital soft tissues. Additional findings upon complete primary and secondary trauma survey included mild right lower quadrant abdominal tenderness. Portable chest radiograph, focused assessment by sonography in trauma (FAST) examination, and laboratory values were all unremarkable. Computed tomography evaluation revealed no traumatic injuries, but was notable for an incidental finding of ileocecal intussusception (Figure 1). Further questioning exposed a three-week history of crampy abdominal pain and frequent loose stools. Colonoscopy was performed, revealing a near-obstructing mass adjacent to the ileocecal valve without any synchronous lesions. He was brought to the operating suite during the same hospitalization where a right hemicolectomy was performed (Figure 2). Surgical pathology revealed a 9-centimeter, moderately differentiated cecal adenocarcinoma invading through the muscularis propria into the subserosa, but no serosal involvement. All 22 lymph nodes in the surgical specimen were negative for metastatic carcinoma. The patient recovered uneventfully from his operation. His planned outpatient surveillance includes serial stool guaiac, carcinoembryonic antigen, and hepatic function tests, along with serial chest radiographs and colonoscopic evaluations.

REFERENCES


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