

Clinical Image

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## Disseminated Gastrointestinal Polyposis on Multidetector CT Enteroclysis

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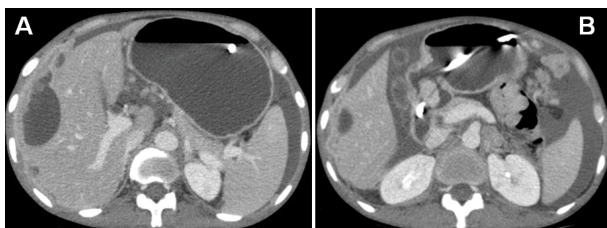
### Clinical Images

A 35-year-old male presented with chronic digestive complaints referred to our department for contrast CT enteroclysis study of the abdomen. Multidetector CT enteroclysis study was done after nasojejunal intubation and administration of oral (neutral) intravenous contrast. The study reveals multifocal, irregular, enhancing soft tissue lesion along peritoneal surface with associated scalloping of liver margin and ascites (**Figure 1A**). There were multiple enhancing nodular intraluminal polyps starting from pylorus of stomach. There were also nodular enhancing deposits on omental surface (**Figure 1B**). Irregularly marinated, enhancing nodular lesion was seen over omental surface, invading anterior abdominal wall muscle layer. Ileo-colic intussusception was seen with enhancing soft tissue along intussuscepted segment of bowel (**Figure 2A**). It was long segment intussusception with polyp at lead point of intussusception. Jejunum and ileal segment of bowel were diffusely showing multiple variable sized polyps. Soft tissue deposits were also seen in retroperitoneum (**Figure 2B**).

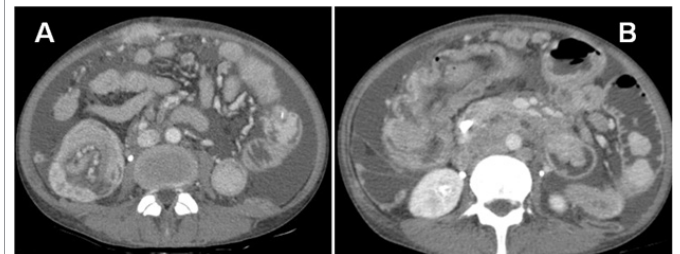
Coronal reformatted images showed better visualization and characterization of polyposis. Polyps were not only varying in sizes but were sessile to pedunculated. Deposit on peritoneal surface better seen in coronal images mainly in right subdiaphragmatic and pelvic region.

Peritoneal deposit in pelvic region were relatively larger in size as compared to cranial lesions. Ascites was extending from subdiaphragmatic region to pelvic cavity (**Figure 3**).

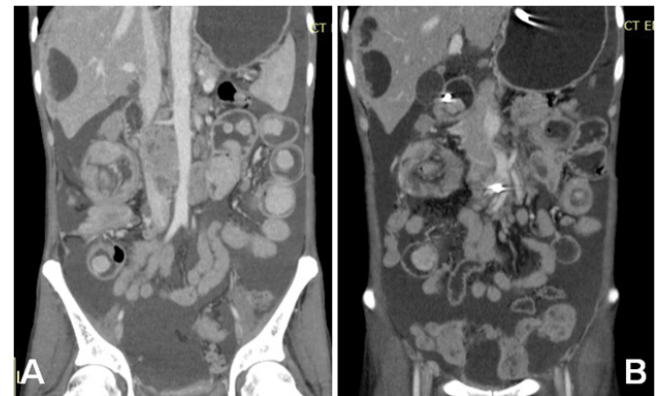
So in conclusion, multiple variable sized polyps, extending from pylorus of stomach to distal ileum with long segment ileo-colic intussusception, multiple deposits and ascites were the CT enteroclysis



**Figure 1:** (A) Axial CT enteroclysis image showing enhancing soft tissue deposit along peritoneal surface (with associated scalloping of liver margin), omental surface and ascites (B) Omental surface showing nodular enhancing deposits with polyp noted in pylorus of stomach.



**Figure 2:** Long segment ileo-colic intussusception is seen with polyp at lead point. Multiple variable sized intensely enhancing intraluminal polyps are seen diffusely in small bowel.



**Figure 3:** Coronal reformatted images showing better visualization and characterization of polyposis.

finding histopathological examination reveals adenocarcinomatous changes. So final diagnosis of disseminated gastrointestinal polyposis with adenocarcinoma was concluded [1].

### References

1. Dodds WJ (1976) Clinical and roentgen features of the intestinal polyposis syndromes. *Gastrointestinal Radiology* 1: 127-42.

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