in the duodenum (52%), followed by the jejunum (25%) and ileum (15%).\textsuperscript{1,2} Primary small-bowel primary adenocarcinomas are usually solitary, but over 70% have metastasised at the time of presentation.\textsuperscript{1} The investigation of choice is CT scan, which offers greater accuracy than other methods with regard to the nature and level of obstruction, particularly in the elderly patient with subacute obstruction.\textsuperscript{5,6} In this age group malignant causes are more likely than in younger patients, so CT is useful to stage the disease accurately. In our patient it demonstrated one of the tumours as the cause of the obstruction with the tumour as the lead point (Fig. 1).

In adults with intussusception pathological lead points are present in over 80\% of cases.\textsuperscript{3,5} The correct technical approach is a limited segmental resection to remove the unreduced intussusception. The treatment for malignant neoplasms of the small bowel is wide resection including regional lymph nodes.\textsuperscript{1,2} Curative resection is not always possible owing to the extent of the disease at presentation, and the focus of surgery may be simply to relieve the obstruction.

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Fig. 3. The 70 cm excised segment of jejunum showing seven broad-based polypoidal mucosal tumours.