

## Colonic Lipoma With Gastrointestinal Bleeding and Intussusception

Michael E. Presti, MD<sup>1</sup>, Michael F. Flynn, MD<sup>1</sup>, David M. Schuval, MD<sup>2</sup>, T. Martin Vollmar, MD<sup>3</sup>, and Veronica D. Zotos, MD<sup>4</sup>

<sup>1</sup>Department of Internal Medicine, St. Anthony's Medical Center, St. Louis, MO

<sup>2</sup>Department of Surgery, St. Anthony's Medical Center, St. Louis, MO

<sup>3</sup>Department of Radiology, St. Anthony's Medical Center, St. Louis, MO

<sup>4</sup>Department of Pathology, St. Anthony's Medical Center, St. Louis, MO

### Case Report

A 59-year-old woman presented with a history of intermittent abdominal discomfort associated with bloody bowel movements. Physical examination was notable for mild suprapubic tenderness. A colonoscopy revealed a submucosal tumor with a necrotic tip, which was nearly obstructing the colonic lumen in the sigmoid (Figure 1). An abdominal/pelvic computed tomography (CT) showed a colonic mass with associated intussusception of the mesentery at the level of the mid-sigmoid colon (Figure 2). The perirectal fat was mildly edematous and there was slight presacral soft tissue thickening. On laparoscopy, the patient had a tubular mass at the mid-sigmoid colon that was a lead point for intussusception. A partial colectomy with proximal sigmoid colon-rectal anastomosis was performed. Pathology of the resected colon showed a 4.8 x 3.2 x 2.4-cm pedunculated, submucosal tumor with characteristic fatty changes. The surface was ulcerated and necrotic, and the tumor showed areas of fat necrosis, inflammation, and reactive stroma. There were no features of liposarcoma. The remainder of the colon and associated lymph nodes were negative. The patient had an uneventful post-operative recovery and remains well.



**Figure 1.** Giant lipoma retracted proximally into the sigmoid colon with near complete obstruction.



**Figure 2.** Coronal CT demonstrating a sigmoid mass with associated intussusception of the mesentery (arrow).

ACG Case Rep J 2015;2(3):135-136. doi:10.14309/crj.2015.32. Published online: April 10, 2015.

**Correspondence:** Michael Presti, 10012 Kennerly Road, Suite 404, St. Louis, MO, 63128 (michaelprestistl@gmail.com).



**Copyright:** © 2015 Presti et al. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0>.

Lipomas of the colon are the second most common benign tumor of the colon and the most common nonepithelial tumor of the colon, with an incidence of up to 4% in autopsy series.<sup>1</sup> Most are smaller than 2 cm, asymptomatic, and found incidentally at time of colonoscopy or surgery for other reasons, usually in the right colon. They are more common in women than men, with an average age at diagnosis of 65 years.<sup>2</sup> Signs and symptoms are more commonly associated with lipomas larger than 2 cm and include abdominal pain, gastrointestinal bleeding, and changes in bowel habits.<sup>3</sup> Diagnosis can be made on the basis of radiologic imaging with CT or MRI, colonoscopy, or at time of surgery. Treatment of lipomas is recommended only for symptomatic lesions. Removal can be accomplished by several modalities depending on the size, location, and depth of growth. These include endoscopic techniques such as snare, endoscopic mucosal resection (unroofing), or surgery.<sup>4</sup> Clinical outcomes after treatment of lipomas are generally excellent, with resolution of symptoms and no recurrence.<sup>5</sup>

## Disclosures

Author contributions: All authors contributed equally to manuscript creation and review. ME Presti is the article guarantor.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received: November 12, 2014; Accepted: March 14, 2015

## References

1. Weinberg T, Feldman M. Lipomas of the gastrointestinal tract. *Am J Clin Pathol.* 1955;25(3):272–281.
2. Hancock BJ, Vajcner A. Lipomas of the colon: A clinicopathologic review. *Can J Surg.* 1988;31(3):178–181.
3. Rogy MA, Mirza D, et al. Submucous large-bowel lipoma presentation and management. An 18-year study. *Eur J Surg.* 1991;157(1):51–55.
4. Lee KJ, Kim GH, Park do Y, et al. Endoscopic resection of gastrointestinal lipomas: A single-center experience. *Surg Endoscopy.* 2014;28(1):185–192.
5. Crocetti D, Sapienza P, Sterpetti AV, et al. Surgery for symptomatic colon lipoma: A systematic review of the literature. *Anticancer Res.* 2014;34(11):6271–6276.

## Publish your work in ACG Case Reports Journal

ACG Case Reports Journal is a peer-reviewed, open-access publication that provides GI fellows, private practice clinicians, and other members of the health care team an opportunity to share interesting case reports with their peers and with leaders in the field. Visit <http://acgcasereports.gi.org> for submission guidelines. Submit your manuscript online at <http://mc.manuscriptcentral.com/acgcr>.