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IMAGE | COLON

Transverse Colon Submucosal Lipoma Presenting With Colocolic Intussusception

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Case Report

A 48-year-old man presented with colicky abdominal pain of 2 days' duration associated with constipation, but no nausea or vomiting. His past medical history was significant for recurrent attacks of constipation. His abdomen was distended and tender, without rebound tenderness. Abdominal obstructive series radiographs showed air fluid levels. An abdominal CT showed a 4 x 4.5 cm transverse colon lipoma acting as a lead point of a colocolic intussusception (Figure 1). The length of the intussusception segment was about 11.5 cm, with ischemic changes and intramural gas. The intussusception was surgically reduced and the colon segment containing the lipoma was resected, followed by transverse colocolic anastomosis. Pathology results showed pure lipoma with no changes of liposarcoma. The postoperative period was uneventful.

Colonic lipomas are the second most common benign tumors of the colon after adenomas, with a reported incidence of 0.2-4.4%.[1] They are usually submucosal and found most commonly in the ileocecal valve and cecum, followed by sigmoid colon and descending colon.[1,2] Colonic lipomas average 0.5-16.0 cm in size, and lipomas larger than 4 cm are symptomatic in 75% of patients.[1,2] Colocolic intussusception is a rare complication of colonic lipoma. Paškauskas et al found less than 50 cases of colonic lipomas complicated by colocolic intussusception.[3] Surgical resection is the treatment of choice for large colonic lipomas complicated with intussusception or bowel obstruction.[1] Treatment options for uncomplicated lipomas include observation, endoscopic removal, or surgical resection. Surgical resection is usually reserved for sessile lipomas in which endoscopic removal would be technically challenging.[1]

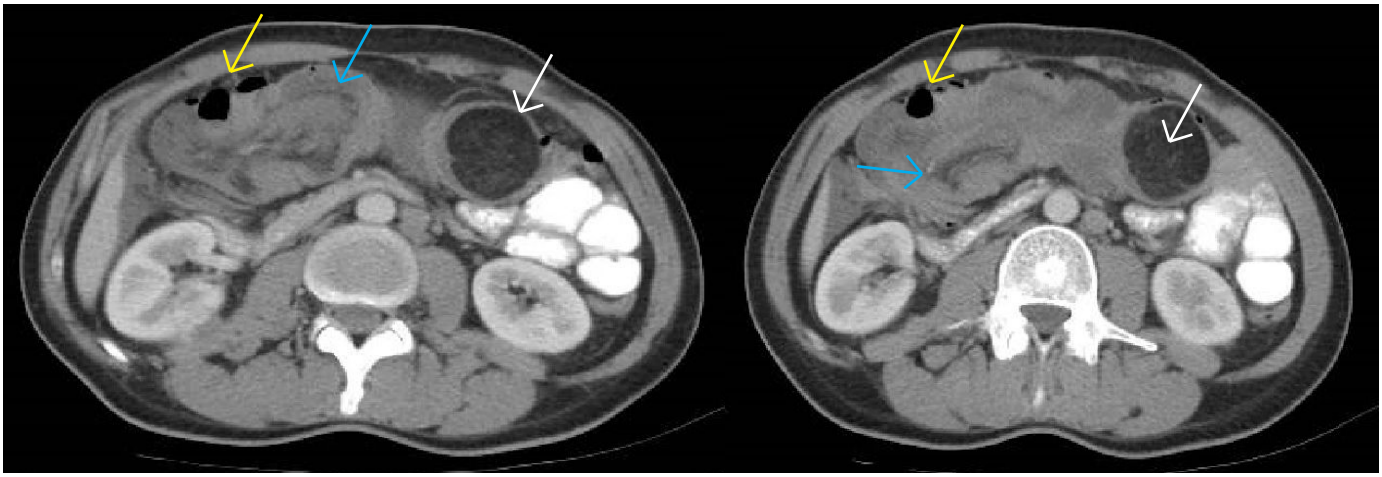

Figure 1. Abdominal CT showing transverse colon lipoma (white arrow) acting as a leading point of a colocolic intussusception. The intussusception segment measured about 11.5 cm (blue arrow) with ischemic changes and intramural gas (yellow arrow).

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Disclosures

Author contributions: M. Megaly performed the literature review and wrote the manuscript. G. Yacoub obtained the images, edited the manuscript, and is the article guarantor.

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Informed consent could not be obtained due to hardship of finding the patient. All identifying information has been removed to protect patient privacy.

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