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Case Report

Large intestinal lipoma: a case report and review of literature

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ABSTRACT

Lipomas are benign mesenchymal tumours of adipose tissue, though common at other sites, are rare in GIT with no malignant potential. Most gastrointestinal lipomas are located in the colon, ileum and jejunum, are rarely responsible for clinical symptoms. Commonly colonic lipomas are small (less than 2 cm in diameter), asymptomatic, and discovered incidentally. However, larger tumours may produce symptoms varying from alteration in bowel habits, rectal bleeding, and abdominal pain to acute or subacute obstuctions.

Keywords: Lipoma, Gastrointestinal, Benign, Obstruction

INTRODUCTION

Lipomas are benign non epithelial tumors which are found to develop in any part of the gastrointestinal tract. The commonest site for these tumors happens to be the colon. The incidence of colonic lipoma varies approximately from 0.2% to 4.4%.[1] They occur in the age group of 50-60 years but rarely can occur at a younger age, and even more rarely in children. Colonic lipomas are more common in women than in men, with a predilection for the right colon in women and the left colon in men.[2] Here we report a case of large Intestinal Lipoma.

CASE REPORT

A 34 years old male presented with lower abdominal pain associated with vomiting, constipation. There was history of similar episode 3 months back, which was treated conservatively. On examination, abdomen was tense, distended. CT scan abdomen detected a mass in submucosa of large intestine. Patient was operated and specimen of resected bowel of 9cm x 4cm was sent for histopathological examination. Cut section of intestinal segment revealed well circumscribed yellowish homogenous with soft consistency mass measuring 6cm X 3cm arising from the sub-mucosal layer. Microscopic examination revealed tutor under submucosa (Figure 2) (Figure 3) (Figure 4). The tutor was composed of mature adipocytes, showing a wide and clear cytoplasm and small elongated nucleus located in the periphery. Nuclear atypia, mitosis, and lipoblasts were absent. Congestion and mild infiltration of inflammatory cells were also noted within the tumor (Figure 2) (Figure 3). The final diagnosis was a submucosal lipoma, a benign fatty tumour seen in the colon.

DISCUSSION

Gastrointestinal lipomas are rare non epithelial tumors with colon having the highest incidence and were first reported by Bauer in 1757.[7] They constitute most frequent benign tumour of intestine after adneomas. These lesions occur with the maximum frequency in the fifth or sixth decades of life and are mostly found in women.[3] The most frequent type is the submucosal lipoma with a sessile or pedunculated appearance, and the remainder-are subserosal lipomas.

Figure 1: Gross- cut sectopn shows well circumscribed yellowish homogenous with soft consistency mass.

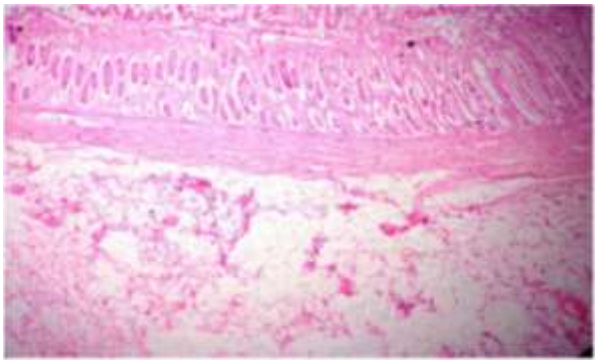

Figure 2: Tumour covered by intestinal mucosal epithelium, showing mature adipocytes H & E stained-10x.

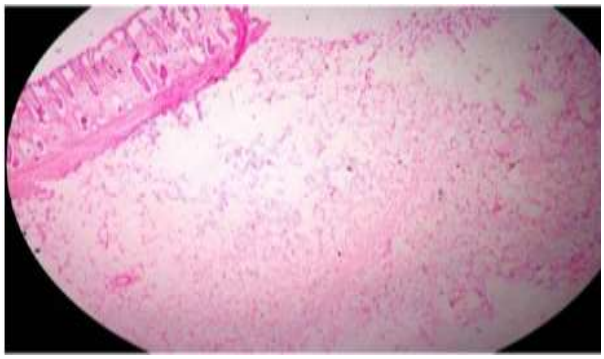

Figure 3: H & E stained-10x.

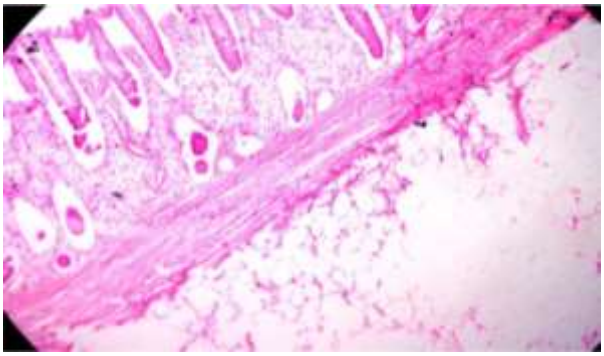

Figure 4: H & E stained-40x.

They are almost always asymptomatic; only when their diameter is more than 3 cm do they become symptomatic. Lipomas can also present in the form of multiple polyps in the colon. However, sarcomatous change has never been reported.[4] Some may exhibit atypical stromal cells and mimic malignancy. Among the preoperative investigations, barium enema may demonstrate a filling defect, with a lobulated appearance, which is however a nonspecific finding. In colonoscopy, three signs may contribute to the diagnosis: the "cushion sign" (probing the polyp with a closed biopsy forceps will often yield a pillowlike indentation), the "tenting effect" (grasping the overlying mucosa with biopsy forceps presents a tentlike appearance), and the "naked fat sign".[6] Thus, colonoscopy and other diagnostic modalities often fail to give a confirmative diagnosis and suspicion of malignancy always remains. Mucosal biopsies are most often superficial and thus unhelpful. Biopsy by colonoscopy is not recommended in patients suspected of having a lipoma because the lesion is beneath the normal mucosa and biopsy often cannot promote a diagnosis or completely exclude the possibility of malignancy.[6] The exact diagnosis still mainly relies on an intra or postoperative pathology examination. The treatment for small bowel lipomas depends on the clinical manifestations and size. It is not clear whether asymptomatic small lipomas require any intervention, but conservative treatment is often indicated.[5] The treatment depends essentially on the clinical picture, on the size and location of the lipoma and involves endoscopic or surgical excision.

CONCLUSION

Lipomas of the colon are rare but clinically important conditions that require suitable evaluation for guiding appropriate therapy. In conclusion, it is important to know that lipoma may cause gastrointestinal bleeding with anemia, intestinal obstruction, abdominal distension and intussuception and therefore mimic malignancy. To rule out malignant lesion and avoid extensive surgical procedures, adequate biopsy or intraoperative frozen section is necessary.

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