

LIPOMA OF THE SMALL INTESTINE – A CAUSE FOR INTUSSUSCEPTION IN ADULTDr. Sheela Kulkarni^{*1}, Dr. Narsinha Kulkarni² and Dr. Pooja Holambe³¹Professor and Head of Department, Department of Pathology, MIMSR medical college and YCR hospital, Latur.²Professor and Head of Department, Department of Surgery, MIMSR medical college and YCR hospital, Latur.³Junior resident, Department of Pathology, MIMSR medical college and YCR hospital, Latur.***Corresponding Author: Dr. Sheela Kulkarni**

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ABSTRACT

Intussusception is a common cause of intestinal obstruction in children and uncommon clinical entity in adults accounting for 1%. Lipoma accounts for 4% of all benign tumors of the gut. Most of these are seen in the large intestine, usually submucosal and around ileocecal valve. These are often asymptomatic. We present a rare case of intestinal lipoma which presented as a cause of Intussusception in 38 year old male.

INTRODUCTION

Intussusception is a relatively common cause of intestinal obstruction in children but a rare, and uncommon clinical entity in adults accounting for 1%.^[1]

They affect men and women equally^[2]

Causes of intussusception are inflammatory diseases, polyps, adhesions, benign or malignant tumors and motility disorders. Among the benign causes, lipoma is rare accounting only 10% of total benign tumors.^[3]

Most common locations for GI lipomas are, esophagus, stomach, small intestine and colon. Lipomatous lesions of the colon may be solitary or multiple, diffuse or encapsulated and are second most common benign tumors of the colon.^[4]

Gastrointestinal tract Lipomas develop within the mucosa, muscle layer, mesentery, and omentum attached to the intestines.^[5]

There are three pathological types of intestinal lipomas according to the location. The submucosal type is the most common, accounting for more than 90% of intestinal lipomas, growing within the submucosal layer, and protruding into the lumen. The intermuscular type is located within the muscular layer. The subserosal type, which is mostly asymptomatic, grows within the subserosal layer and protrudes out of the gut. They are mainly solitary, encapsulated, sessile or pedunculated and their sizes can usually vary from a few millimeters to

5cm or more, median being 3cm.^[5]

We present a rare case of intestinal lipoma which presented as a cause of Intussusception in 38 year old male. We present a rare case of intestinal lipoma which presented as a cause of Intussusception in 38 year old male.

CASE REPORT

A 38 year male presented with pain in abdomen, nausea and vomiting. There is history of passage of black stools since 6 months. Ultrasonography and CT reveal ileo-ileal intussusception in right iliac region. Patient was operated. There was ileo-ileal intussusception 100 cm away from ileocecal junction. Resection anastomosis was done. Gross examination -part of intestine measuring 12cm. On cutting, one polypoidal mass measuring 4x2 cm, pedunculated, protruding and filling the entire lumen of ileum 4cm from proximal and 7.5cm from distal end. Cut surface is yellow and greasy. ileoileal Intussusception identified.

Microscopic examination -section shows polypoidal mass lined by extensively ulcerated mucosa composed of proliferation of mature adipocytes separated by fibrous septa confined to the submucosal layer of ileum. The surgical margins of the specimen is unremarkable.

Mesentery shows reactive lymph nodes and congested blood vessel.



Figure 1: Macroscopic features shows polypoidal mass protruding from ileum.

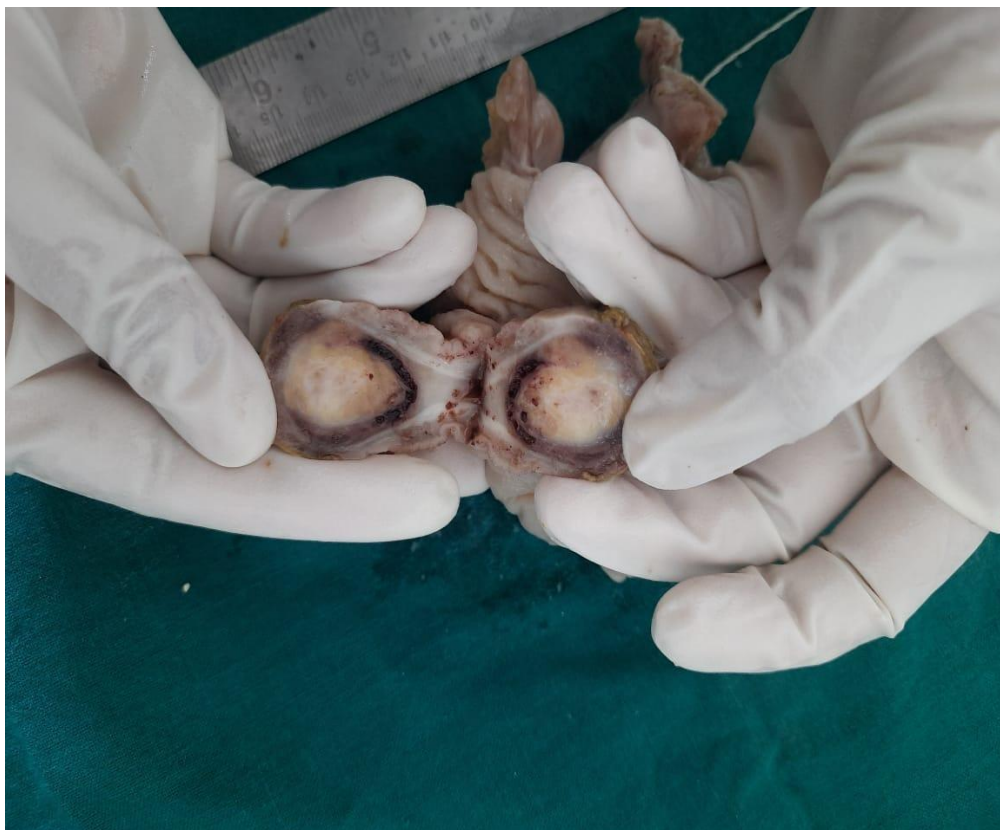


Fig. 2: Cut section reveals a well circumscribed yellowish mass.

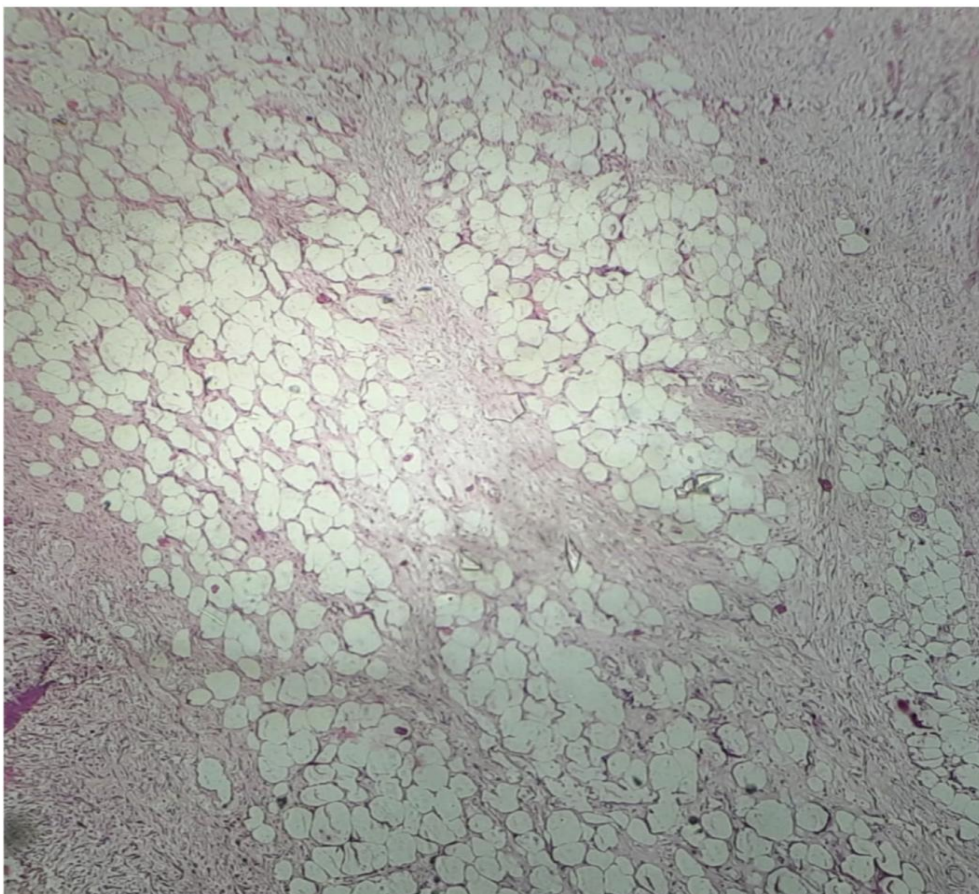


Figure 3(40x): Histopathology showing lobules of mature adipose tissue separated by fibrous septae.

DISCUSSION

Intussusception of bowel is a condition in which proximal bowel segment (intussusceptum) invaginates into an adjacent distal segment (intussusciens) causing bowel obstruction.^[3] Intussusception can be primary or secondary. Primary intussusception is idiopathic and in secondary a lead point is identified. Causes of secondary intussusception can be benign, malignant, or iatrogenic.^[6]

Intussusceptions are classified into four categories according to location: a. enteric—confined to the small bowel, b. colonic— involvement of large bowel exclusively, c. ileocolic— prolapse of the ileum into the colon through the ileocaecal valve and d. ileocaecal— where the ileocaecal valve acts as the lead point.^[3]

In adults, intussusception is more likely to present insidiously with vague abdominal symptoms and rarely presents with the classic triad of vomiting, abdominal pain and passage of blood per rectum.^[7]

Preoperative diagnosis of intestinal lipomas may be difficult as the symptoms can be intermittent and long standing. In 90% of cases, these are localized in submucosa but occasionally they extend into muscularis propria, while upto 10% are subserosal.^[5]

They are mainly solitary, encapsulated, sessile or pedunculated and their sizes can usually vary from a few millimeters to 5cm or more, median being 3cm. Small lipomas are usually asymptomatic and only incidentally detected in colonoscopy or surgery. Lipomas exceeding 2cm diameter usually produce nonspecific symptoms such as abdominal pain, diarrhea or in rare cases acute clinical manifestations may develop due to intussusception or bleeding.^[4] Lipomas of the gastrointestinal tract can be diagnosed through conventional endoscopy, capsule endoscopy, barium studies and most importantly CT scan.^[5]

CONCLUSION

Lipomas are benign mesenchymal tumours of adipose tissue, though common at other sites, they are rare in GIT. In our case submucosal lipoma was the cause of Intussusception. Small bowel lipoma presenting as intussusception in adult is a rare condition.

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