

A Giant Lipoma Presenting with Colocolonic Invagination

Kolokolik İnvajinasyona Sebep Olan Dev Lipom
Radyoloji

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Özet

Kolon lipomlarına çok seyrek rastlanır ve genellikle büyük boyutlara ulaşana kadar semptomlara neden olmazlar. Dev lipomlar obstrüksiyon ve invajinasyon gibi semptomlara neden olarak maligniteyi taklit edebilir. Kolon lipomlarının her zaman ayırıcı tanıda akılda bulundurulması, uygun radyolojik ve kolonoskopik değerlendirme, gereksiz geniş rezeksiyonların engellenmesinde yarar sağlar.

Anahtar kelimeler: *Kolon Lipomu, İnvajinasyon, Akut Batın*

Abstract

Colonic lipomas are very rare and usually do not cause symptoms until they reach large size. Giant lipomas may mimic malignancy, depending on their symptoms, such as obstruction and invagination. Colonic lipomas should always be considered in differential diagnosis and proper radiological, colonoscopic evaluation is important to avoid unnecessary extensive surgical resection.

Keywords: *Colonic Lipoma, Invagination, Acute Abdomen*

Introduction

Colonic lipomas are rare benign mesenchymal tumors of gastrointestinal system which have an incidence ranging from 0.15% to 4.4%¹. Most of these lipomas are asymptomatic, however the symptoms may vary according to size, location and structural features of lipomas. Large-sized lipomas are often misdiagnosed as malignant tumors and may require immediate surgical intervention if they cause obstruction and invagination¹⁻³. Remaining colonic lipomas in differential diagnosis and appropriate radiological evaluation can prevent unnecessary extensive surgical resections.

Case Report

A 55-year-old male patient presented with a history of abdominal pain, anorexia, nausea, vomiting and abdominal swelling. Ultrasonographic examination showed colocolonic invagination at hepatic flexure which caused by a hypoechoic mass lesion with a diameter of 4.5x6.5x7 cm. Abdominal computerized tomography (CT) revealed a smooth and oval-shaped hypodense lesion, with a fat equivalent density (Figure 1).

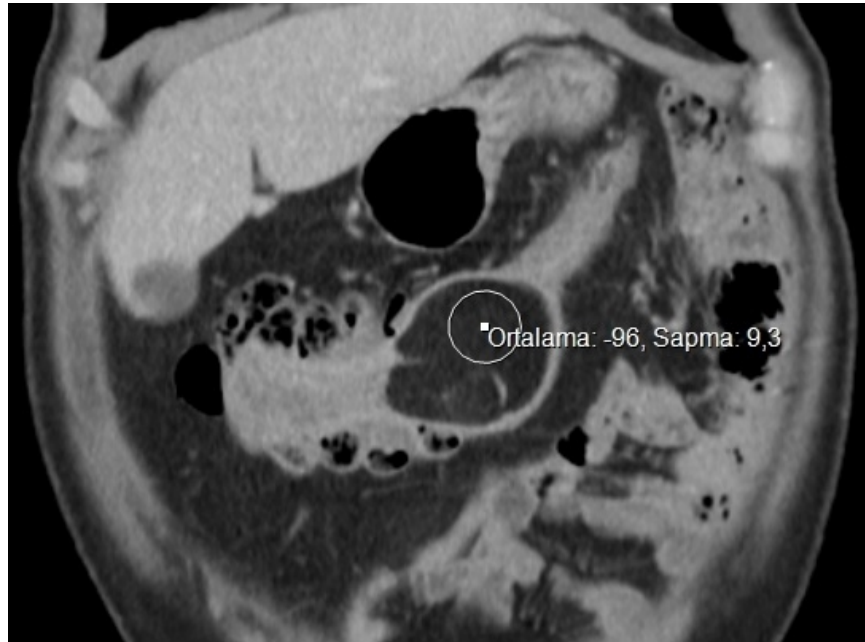


Figure 1

CT scan showed a smooth and oval-shaped hypodense mass of fat density which caused intussusception of the ascending colon into transverse colon.

On T2-weighted and fat-suppressed magnetic resonance imaging (MRI), an ovoid mass similar to fat signal intensity was observed in the proximal transverse colon as shown in Figure 2.

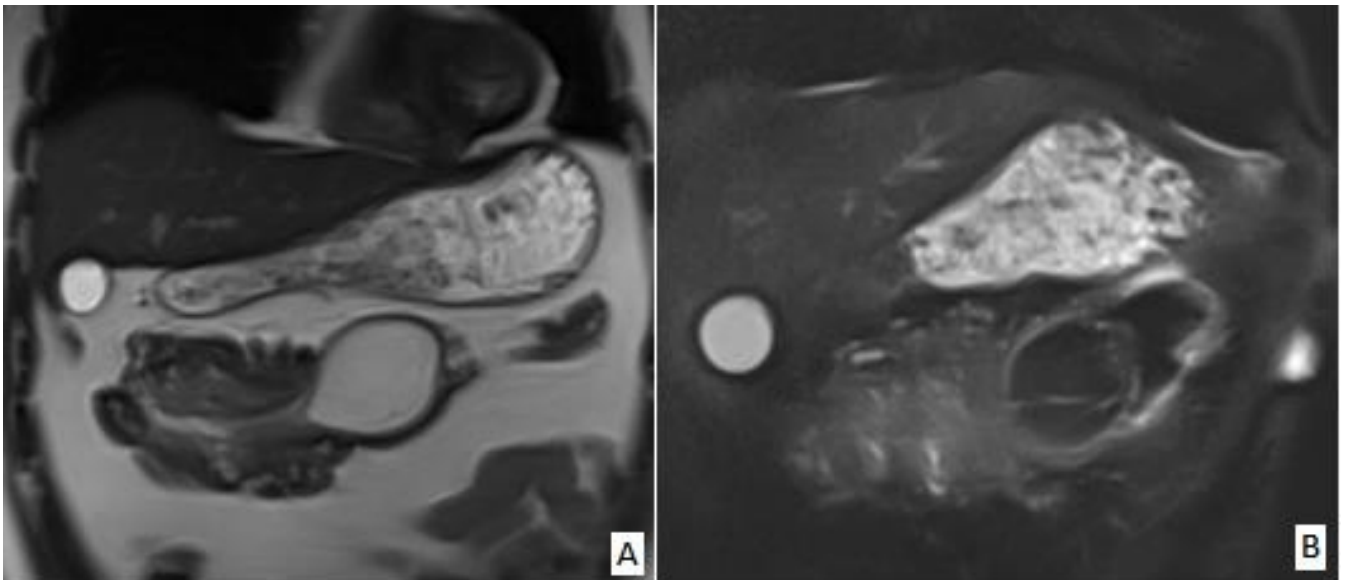


Figure 2

On T2-weighted (A) and fat-suppressed (B) MRI, an ovoid mass similar to fat signal intensity was observed in the proximal transverse colon

The radiological findings supported the diagnosis of colonic lipoma. Colonoscopy revealed that the giant intussuscepted mobile lesion had a large pedicle with a heterogeneous appearance with overlying necrotic mucosa. Surgical operation was performed. Diagnosis of colonic lipoma was established based on the

histopathologic examination of the specimen (Figure 3).



Figure 3

Macroscopic assessment of the resected specimen showed the presence of a round pedunculated colonic polypoid submucosal tumor which served as a lead point for the invagination

Case Discussion

Intussusceptions in adults are very rare and more than 90% of them are associated with a mass as a leading point which is malignant in 60% cases^{4,5}. Jain R et al. in 2016 reported that the number of intussuscepted lipomas was only 50 in the literature⁴.

Colonic lipomas larger than 4 cm are called as giant lipomas and approximately 75% of them are symptomatic¹. These symptoms which can be easily confused with colon malignancies are abdominal pain, rectal bleeding, anemia, constipation, weight loss, intestinal obstruction or invagination-related ileus, and these findings¹⁻⁶.

On CT scan images, lipomas have a smooth border appearance with a fat equivalent density that ranges from -50 to -150 Hounsfield unit^{2,5,7}. MRI especially is able to detect fatty lesions because of typical signal intensity characteristics for adipose tissue mainly on T1-weighted and fat-suppressed images^{3,5-7}.

Although, colonoscopy is reliable in the diagnosis of classical lipomas, sometimes the differential diagnosis of giant lipomas with malignancy is not clear and it can be definitively diagnosed by histopathologic examination of the specimen¹⁻⁶.

In conclusion, giant colonic lipomas may present difficulties because of their unusual clinical findings in pre-operative differentiation between malignant and benign colonic neoplasms. Colonic lipomas should always be considered in the differential diagnosis and appropriate radiological imaging can be helpful to avoid unnecessary extensive surgical resections.

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Information Presentation

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