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RESEARCH ARTICLE

A COLONIC LIPOMA AT THE ORIGIN OF ACUTE INTESTINAL INTUSSUSCEPTION IN THE ADULT: A CASE REPORT

Zakaria EL Barkaoui, Ihab Youssef, Ibtissam Talbi, Imane ELmessaoudi, Hicham ELmajdoubi, Hadj Omar Elmalki, Chefchaouni Mountassir, Ifrine Lahcen and Belkouchi Abdelkader
Surgery Unit A, Ibn Sina University Hospital, Rabat, Morocco.

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Abstract

Acute intestinal obstruction (AIO) is a frequent pathology in children, rarely encountered in adults. It represents less than 5% of acute intestinal obstructions in adults. The intussusceptions concern the small intestine in 75% of the cases and the colon in 25% of the cases.We here report a case of a 77-year-old woman who was admitted to the emergency for an occlusive syndrome. Abdominal ultrasound revealed a typical image of colo-colic intussusception with a double digestive wall visualized in the region of the right angle.It was decided to operate on the patient urgently and perform a right hemicolectomy with a double stoma connection of both colonic and ileal.Histologically, there was a benign tumor proliferation of mature adipocytes.

Introduction:-

Acute intestinal obstruction (AIO) is a frequent pathology in children, rarely encountered in adults. It represents less than 5% of acute intestinal obstructions in adults. The intussusceptions concern the small intestine in 75% of the cases and the colon in 25% of the cases. Contrary to the child, it is often secondary to an endoluminal lesion of malignant type, rarely a benign tumor of adenoma type much more than a lipoma. We report a rare case of acute intestinal obstruction on a colonic invagination secondary to a lipoma of the ascending colon occurring in an elderly woman.

Patient And Observation:-

A 77-year-old woman with no particular pathological history. She was admitted to the emergency for an occlusive syndrome that was 3 days old, with diffuse abdominal pain predominantly in the flank and right hypochondria, vomiting and a cessation of matter and gas.

On physical examination showed a distended, meteoric, completely sensitive abdomen.

Laboratory tests showed a white blood cell count of 9600/mm³, HB 12.5g/dl, urea 5.5mmol/l, and PT 70%. the standard abdominal X rays showed a multiplehydroaeric levels.

Abdominal ultrasound revealed a typical image of colo-colic invagination with a double digestive wall visualized in the region of the right angle. An endoluminal image of 3cm long axis, well limited, was visible in contact with the invagination bulge.

Corresponding Author:- Zakaria EL Barkaoui
Address:- Surgery Unit A, Ibn Sina University Hospital, Rabat, Morocco.

It was decided to operate on the patient urgently; surgical exploration found dilatation of the ascending colon and small bowel with a transverse colon of normal caliber. Palpation of the right angle had found the presence of a mass of 5 cm in diameter corresponding to the colo-colic invagination bulge. After disinvagination, a well-rounded tumor of the ascending colon was found (Fig 1, 2). It was decided to perform a right hemicolectomy with a double stoma connection of both colonic and ileal.

Fig 1:- The right colectomy piece.

Fig 2:- A well-rounded tumor of theascending colon.

On the histological examination: presence in the invagination site of a yellow ovoid tumor ulcerated on the surface under the mucous membrane with a soft consistency of 3 cm of a large axis. Histologically, there was a benign tumor proliferation of mature adipocytes, located in the submucosa, pushing back an ulcerated mucosa without any sign of malignancy, all types of benign colonic lipoma.

The final diagnosis was colo-colic invagination on the lipoma. The postoperative course was simple. Continuity was restored two months later.

Discussion:-

Acute intestinal intussusception is a rare cause of abdominal pain and accounts for approximately 1-5% of adult bowel obstructions[1]. It is most often in the small intestine (48%-70%), ileocolic (25%-40%), and rarely purely colonic (5%-18%)[2,3]. Distal sigmoid and rectal forms represent only 2.1-9.4% [1]. Unlike in children where it is often idiopathic, in adults, it is often secondary to an organic lesion and this is the case in 85% of Western series [1]. These lesions are often carcinomas, rarely benign tumors[2,3]. lipoma constitutes the 2nd benign tumor after adenoma[1,3]. It represents 10% of benign tumors of the digestive tract and 2 to 4% of benign colonic tumors[3]. Intussusception is rarely the mode of discovery of an intestinal lipoma[1]. It is most often found in the cecum or ascending colon [3,4] and much more rarely in the left colon. Lipoma is exceptionally responsible for intussusception [1, 2]. This risk appears from a diameter of 3cm [3,4]. In a series by Lebeau et al [2] of 20 cases of intussusception in adults, no cases of lipoma were described.

In another series by Leon et al [1] of 27 cases of intestinal invagination in adults, only one case was due to the presence of a lipoma. The symptomatology is not specific. It is manifested by signs of intestinal obstruction (abdominal pain, cessation of stool transit, and gas) [5] and can take on a chronic appearance (incomplete intussusception, which can regress on its own and occur in episodes) [1,2,3].

Treatment is always surgical and leaves no room for reduction by hyper pressure under radiological control [2,3,5]. A more or less extensive resection may be necessary [2,3]. Emergency segmental colectomy is the rule [1,2]. Intestinal excision according to carcinological rules is necessary when a tumor is found to be obviously malignant[3].

Conclusion:-

Pure colonic intussusception in adults is rare.

Lipoma is exceptionally the cause of this intussusception. Hence the interest of CT scanning in the management of intestinal obstructions is to make the diagnosis, specify its location, and search for the cause.

Competing interests

The authors declare no competing interests

Authors' contributions

Zakaria El Barkaouidrafted the article. Youssef Ihab and TalbiIbtissam revised themanuscript critically. Imane ElMessaoudi and Hichamelmajdoubi assisted insurgery.Hadj Omar Elmalki, ChefchaouniMountassir, Ifrine Lahcen and BelkouchiAbdelkadersupervised the manuscript. All authors contributedto the study concept or design at this submission andapproved the final version.

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