



ORIGINAL RESEARCH PAPER

General Surgery

COLO - COLIC INTUSSUSCEPTION WITH LIPOMA AS LEAD POINT - A CASE REPORT

KEY WORDS:

Intussusception , Colo - Colic , Lipoma , Lead Point.

Dr. Sasi Ragavan V

Institute of General Surgery, RGGGH & MMC, Chennai-03, Tamil Nadu, India

Prof. Dr. A. Sagaya Inba Sekar

M.S Institute of General Surgery, RGGGH & MMC, Chennai-03, Tamil Nadu, India

Dr. J. Joyce Prabhakar*

M.S Institute of General Surgery, RGGGH & MMC, Chennai-03, Tamil Nadu, India *Corresponding Author

ABSTRACT

Intussusceptions are very rare in the adult population. Most intussusceptions in adults are due to a lead point, which is an identifiable pathological abnormality, in opposition to children in whom there are no identifiable pathological lead points. We present a case of Colo - colic Intussusception with lipoma as the lead point in an elderly female.

INTRODUCTION -

Intussusception in adults is rare accounting for about 1-5 % of intestinal obstruction. Lipoma are relatively rare benign soft tissue tumor derived from mature adipocytes of mesenchymatic in origin. Incidence ranging between 0.2% and 4.4%. Intussusception in adults maybe associated with malignancy requiring surgical intervention.

Case Report -

A 61 year old female with no known co morbidities presented to emergency department with complaints of abdomen pain , abdomen distension and constipation for 1 week. There was no history of fever, vomiting and obstipation. On examination the patient was moderately built and nourished. Vitals are stable and there was no pallor. On examination of the abdomen , patient had abdomen distension and tenderness in left hypochondrium with no guarding , rigidity and organomegaly.

Tympanic note heard on percussion .Bowel sounds heard. Per Rectal examination : normal tone with hard pellets seen. CECT abdomen revealed Descending colon intussusception with intraluminal lipoma as lead point. She was managed conservatively. Colonoscopy revealed a polypoidal mass - Broad base at splenic flexure. Proceeded with Laparotomy with limited resection and anastomosis. HPE revealed submucosal lipoma. Post operative period was uneventful and the patient was discharged.

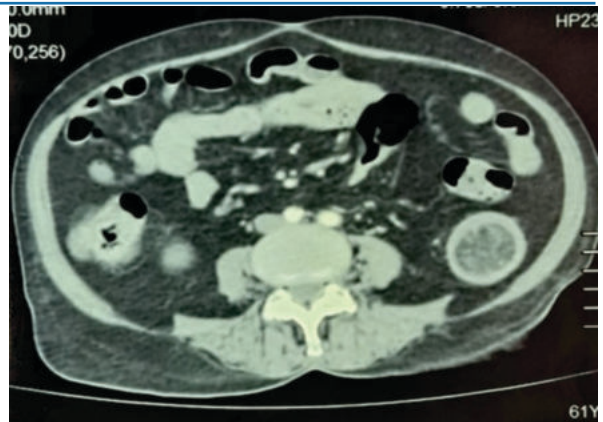


Fig.[B] CT showing intraluminal mass at splenic flexure

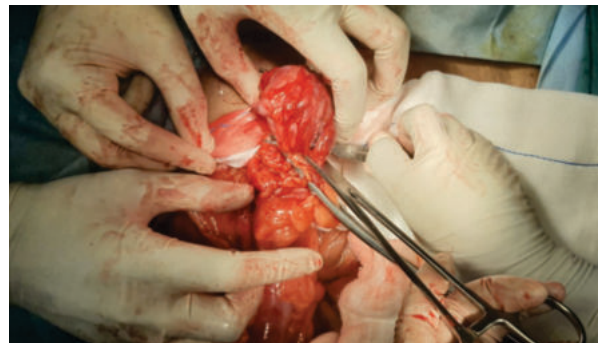


Fig.[C] Intraop picture of limited Resection and anastomosis

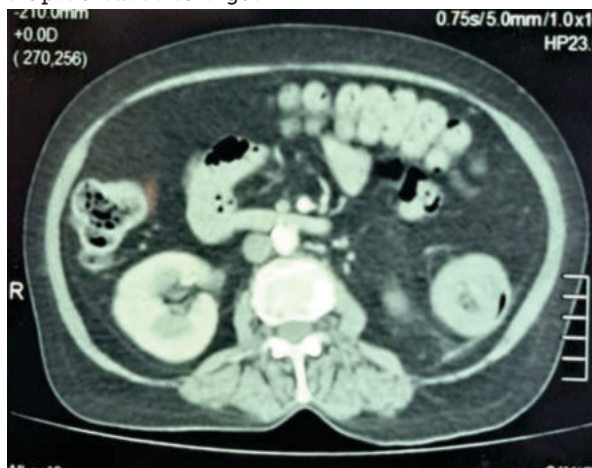


Fig.[A] CT showing Descending colon intussuseption

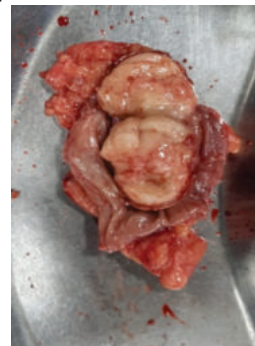


Fig.[D] Resected specimen of intraluminal lipoma

DISCUSSION -

Intussusception being more common in children, accounts for about 5% in adults. It is the cause of adult symptomatic bowel obstruction in 1% of cases. Intussusception occurs more frequently in the small bowel than in the large bowel, representing 70–80% of cases.

The incidence of intussusception is low in adults, particularly in the descending colon, due to the anatomical attachment of the descending colon to the retroperitoneum

Two thirds of adult colo-colonic intussusceptions are secondary to a primary colonic cancer. The remaining third are secondary to Peutz-Jehger polyps, adenomas, endometriosis, previous anastomosis and lipomas

Lipoma as a cause of intussusception remains rare and they are the third most prevalent benign tumor of large bowel.

Age - Peak incidence between 50 and 60 and it has female preponderance and predominantly in ascending colon followed by descending and transverse colon and rectum.

Typically asymptomatic but rarely presents with features of intussusception and obstruction

Diagnosis :

Computed tomography is the study of choice. Colonoscopy allows direct visualisation of the mass which is seen as a yellow, smooth mass with sessile or pedunculated base.

Treatment - Surgical resection is frequently the treatment of choice considering the risk of malignant potential. Hence colonoscopy guided reduction is not advised.

CONCLUSION -

Intussusception typically occurs in infants and children and it represents 5% of cases in adults. Colo-colic Intussusception is a very rare complication of lipoma. Colonoscopy contributes to the diagnosis given that it provides direct visualization and permits biopsy. It is determined that the treatment is surgical due to the high risk of malignancy.

In this case, the patient's clinical condition combined with CT scan and colonoscopy, provided an accurate diagnosis, allowing the best surgical choice.

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