Lipoma-induced colon intussusception

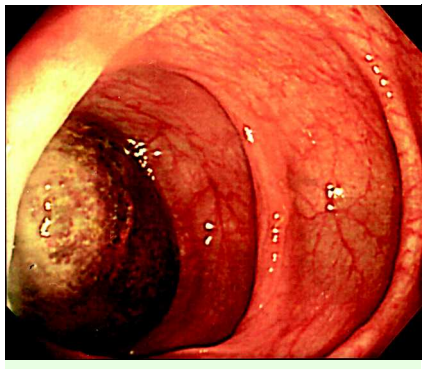

Fig. 1 Endoscopic view of the colon shows a 6-cm mass lesion at the descending colon near the splenic flexure, which has congestive, hemorrhagic, and ulcerative mucosa.

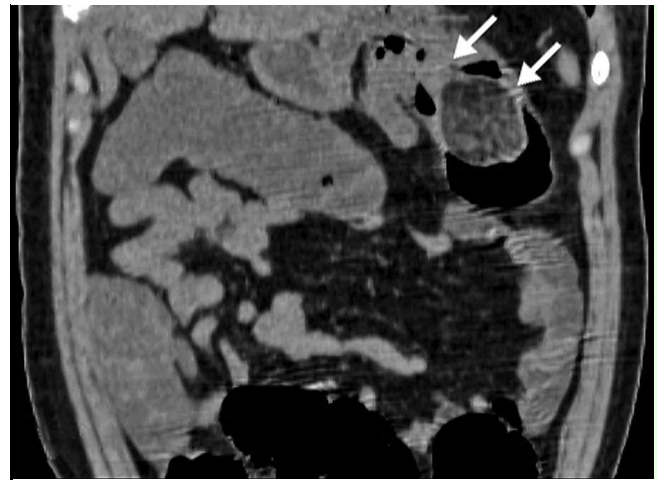

Fig. 2 A reformatted coronal view of an abdominal computed tomography scan shows a fat-containing, pedunculated soft-tissue mass, approximately 6 × 3.5 × 3.5 cm in diameter, which was causing colocolonic intussusception (arrow).

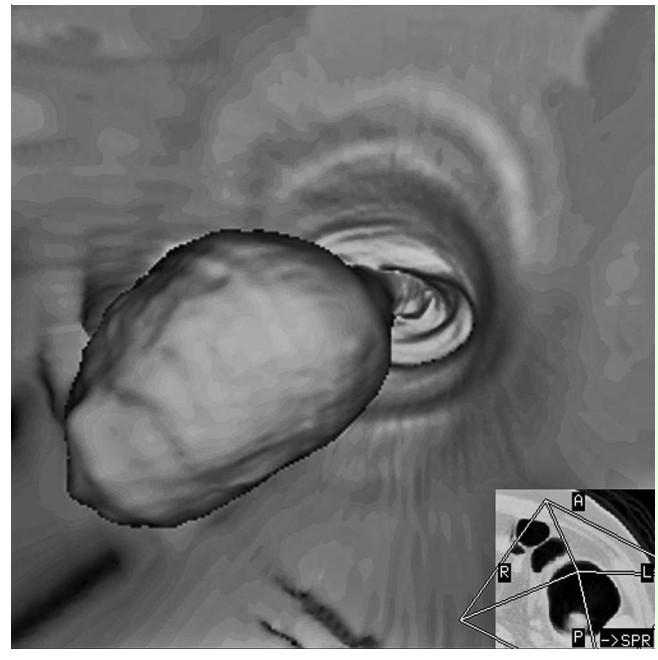

Fig. 3 Virtual colonoscopy demonstrates a three-dimensional stalked mass lesion, approximately 6 × 3.5 × 3.5 cm in diameter, over the descending colon.

Intussusception is defined as invagination of the proximal bowel into the distal segment, which produces a telescoping effect. Colonic intussusception occurs in fewer than 5% of the adult population and most patients have a pathological lead point [1]. Colonic lipomas are relatively rare and frequently asymptomatic. However, large lipomas are more likely to cause complications, such as abdominal pain, lower gastrointestinal bleeding, obstruction or, rarely intussusception [2–4]. We present a patient with colocolonic intussusception due to lipoma, with classical clinical, endoscopic, and radiographic features.

A 46-year-old man presented to our hospital with intermittent periumbilical pain and passage of fresh blood via the rectum for 10 days. Colonoscopy revealed a 6-cm mass lesion with congestive, hemorrhagic, and ulcerative mucosa at the descending colon, near the splenic flexure (▶ **Fig. 1**). A reformatted coronal view of an abdominal computed tomography (CT) scan showed a fat-containing, pedunculated soft-tissue mass, with a diameter of approximately 6 × 3.5 × 3.5 cm, which was causing colocolonic intussusception (▶ **Fig. 2**). Virtual colonoscopy demonstrated a three-dimensional stalked mass lesion, which was similar in appearance to the lesion observed with colonoscopy (▶ **Fig. 3**). A double-contrast lower gastrointestinal series showed a well-defined pedunculated mass with intussusception over the splenic flexure (not shown). The patient underwent left hemicolectomy and a 6 × 5 × 4 cm, oval-shaped pedunculated tumor was found over the descending colon near the splenic flexure, with colocolonic intussusception associated with total lumen obstruction. The surgical specimen revealed a yellowish, soft-cut surface with scattered yellowish nodular lesions (▶ **Fig. 4**). Mesocolic tissue with reactive lymph nodes was also obtained. Histopathologic examination showed nests of proliferative mature lipocytes with mucosal ulceration (not shown). The morphological picture was a submucosal lipoma of the colon with focal ulcers.

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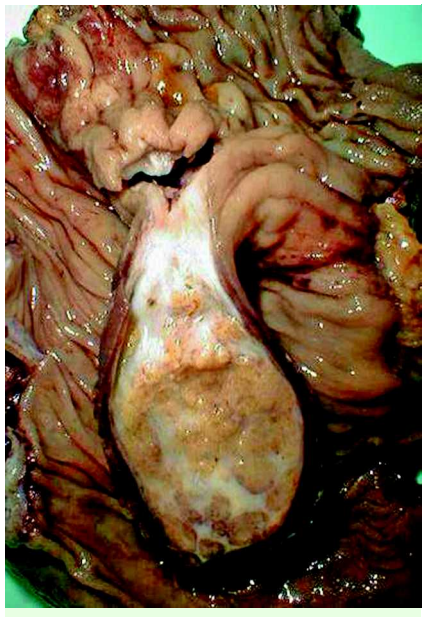

Fig. 4 Gross appearance of the resected specimen reveals a 6 × 5 × 4 cm, oval-shaped pedunculated tumor over the descending colon near the splenic flexure, with colocolonic intussusception associated with total lumen obstruction.

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