

# Lipomas in large bowel

Josué A Victorino, Richard F Kühne

## CASE REPORT

A 61-year-old male with a history of peptic ulcer disease and prostatectomy presented to the emergency department with massive lower gastrointestinal bleeding, melena and diffuse abdominal pain. The patient had a history of lower gastrointestinal bleeding associated with diffuse abdominal pain and changes in bowel movements, alternating between diarrhea and constipation. Colonoscopy (Figure 1, 2) and computed tomography (CT) scan (Figure 3) revealed numerous submucosal lipomatous lesions in several bowel segments with the largest measuring approximately 7.2 cm, found in the transverse colon. Pre- and post-contrast CT scan showed lesions with radiodensity consistent with fatty tissue in the lumen of the transverse colon (arrow) (Figure 3). CT scan and colonoscopy showed no bowel obstruction or intussusception. We were unable to perform biopsy of the lesion due to risk of perforation. The patient was kept on watchful waiting and showed improvement in signs and symptoms during hospitalization.



Figure 1: Descending large bowel showing mass found to be consistant with lipome.



Figure 2: Transverse bowel showing a mass found to be consistant with lipome.

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## DISCUSSION

The lipomas are lesions formed by fat cells, surrounded by a fibrous capsule from which septa, penetrate the substance of the lipoma. It is believed that alcoholism is a risk factor, but there is insufficient

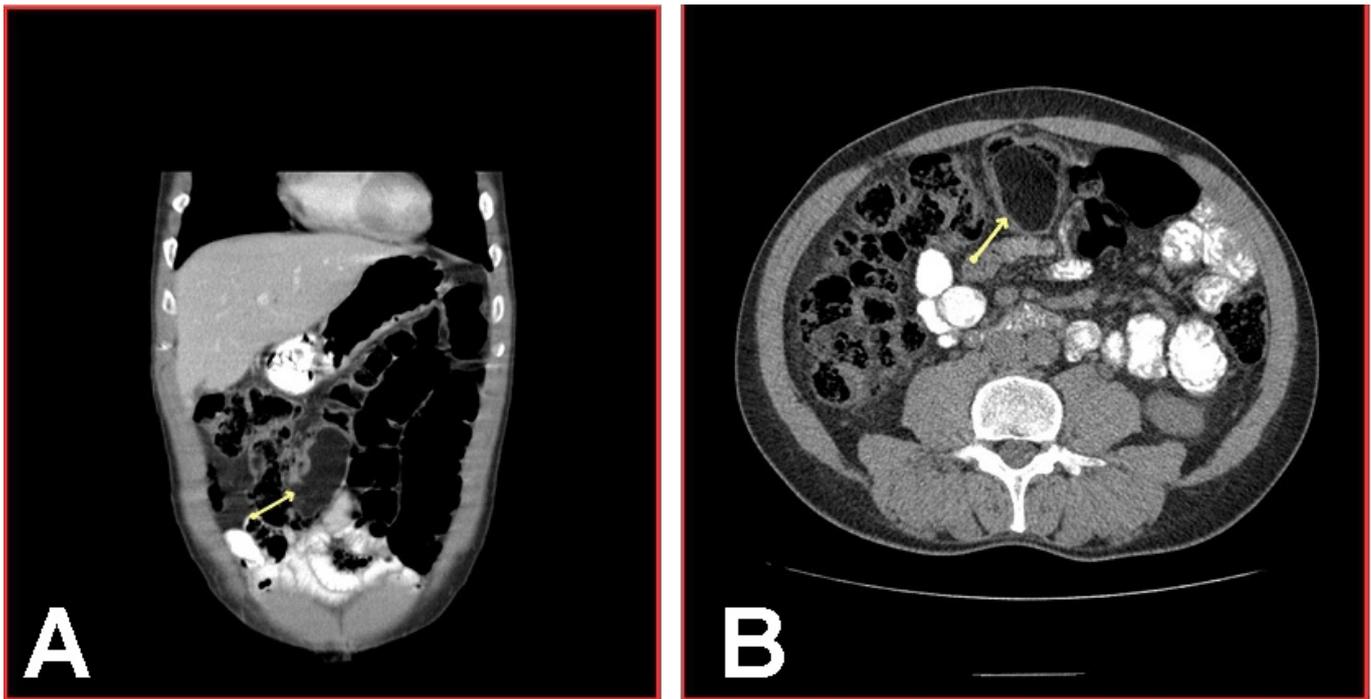


Figure 3: A, B) Computed tomography (CT) scan showing lesion in the transverse colon. The largest measured approximately 7.2 cm in diameter.

evidence to prove this [1]. According to the existing literature, the diagnostic methods of choice for colonic lipoma are colonoscopy and CT scan [5, 7,]. As this is a rare and often asymptomatic condition, our case was unusual in that the patient presented with symptoms suggestive of neoplastic disease, which should be included in the differential diagnosis [1, 2, 4, 8]. There have been few reports of this condition in the literature [1–8]. Most patients are female and the small bowel is most often affected [3, 9, 10]. In our case there was no expulsion of lipoma which is quite common according to some authors [10]. We choose CT scan for diagnosis as it can easily differentiate for density from other tissues and other colorectal tumors. Timely diagnosis is essential in order to prevent the main complication of colonic lipoma i.e. intussusception, for which surgical intervention is the treatment of choice [1, 3, 6, 10].

In this case the patient was managed with medical treatment for the symptoms; keeping him hemodynamically stable. We advise the patient that surgery, hemicolectomy or segmentectomy would be necessary if there were signs of total obstruction or intussusception. As the patient refused surgery; we were successful in diagnosing the condition; patient's symptoms improved on medical management and there were no associated complications; based on our clinical experience and literature references we successfully followed the patient clinically without the need for surgery.

## CONCLUSION

Lipomas of colon are rare lesions which may present with signs and symptoms resembling those of neoplastic

disorders. Colonoscopy and CT scan are diagnostic methods of choice. In intussusception is the main complication which may necessitate surgery.

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## Author Contributions

Josué A Victorino – Contributions to analysis and interpretation of data, drafting the case report, revising it critically for important intellectual content, final approval of the version to be published

Richard F Kühne – Substantial contributions to conception and design, acquisition of data, analysis and interpretation of data, drafting the case report, revising it critically for important intellectual content, final approval of the version to be published

## Guarantor

The corresponding author is the guarantor of submission.

## Conflict of Interest

Authors declare no conflict of interest.

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