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Image Article

Acute Complication of a Giant Colonic Lipoma: Intestinal Obstruction by Intussusception

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Clinical Case Presentation

A 54-year-old woman presented to the emergency room with two months of abdominal pain that worsened in the last 48 hours, vomiting, and rectal bleeding for the past 24 hours. She was hemodynamically stable and afebrile. Laboratory tests showed elevated acute phase reactants. A computed tomography of the abdomen and pelvis revealed a tubular mass with a "layered" structure in the descending colon, consistent with colo-colonic intussusception, which ended at a 3.5x3x7cm intraluminal mass with fatty density, along with inflammation of adjacent fat and left paracolic laminar fluid (Figure 1 and 2). Urgent surgical intervention was decided, and laparoscopic segmental resection of the splenic angle with latero-lateral stapled intracorporeal anastomosis was performed. She recovered well and was discharged after four days. The pathological diagnosis of the mass (Figure 3) was submucosal lipoma with signs of ischemia in the overlying mucosa, ulceration, and hemorrhage Colonic intussusception is a rare cause of large bowel obstruction in adults [1]. In more than 90% of cases, an underlying cause such as polyps, carcinomas, diverticula, benign neoplasms, is found [2]. Therefore, management often requires surgical intervention [3]. Diagnosis is usually delayed because, unlike in children, symptoms in adults are nonspecific: abdominal pain, obstruction symptoms, and bleeding [4].

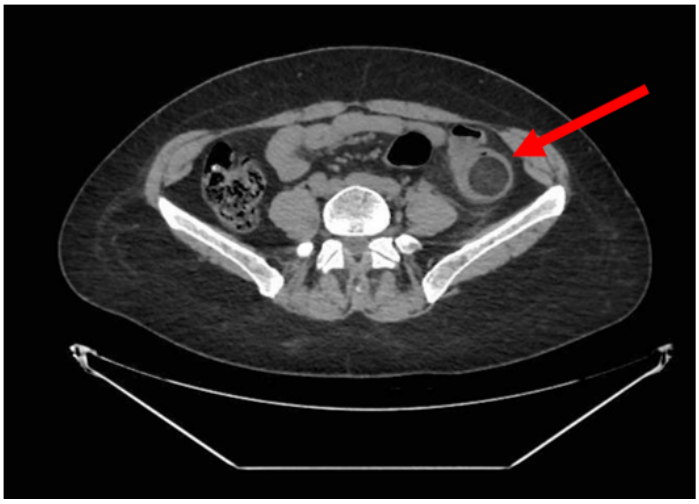

Figure 1: Abdominal CT scan (axial section) with findings of colonic intussusception.

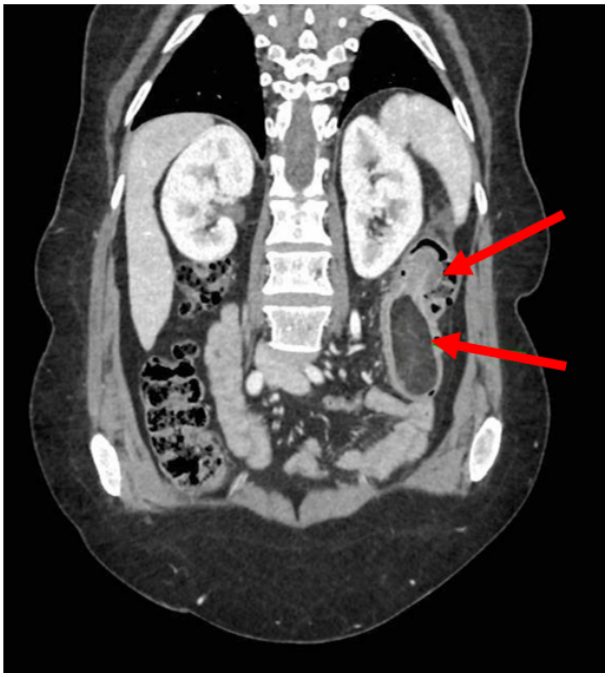

Figure 2: Abdominal CT scan (coronal section) with findings of colonic intussusception.

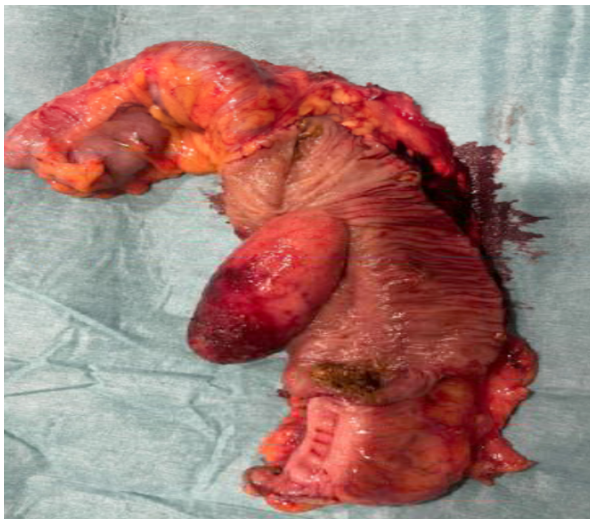

Figure 3: Surgical specimen with findings of giant intraluminal colonic lipoma.

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