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.

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 $6 \times 3.5 \times 3.5$ 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 co-

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

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

lonoscopy (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 $6 \times 5 \times 4$ 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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