Successful endoscopic removal of a large colonic lipoma causing intussusception

A 73-year-old woman presented with symptoms of intermittent abdominal pain without hematochezia. Mild tenderness was noted on palpation over the right iliac fossa; however, all laboratory data, including the C-reactive protein level, were normal. Computed tomography revealed a fatty tissue mass in the transverse colon causing a colonic intussusception (Fig. 1). Colonoscopy revealed a large mass in the ascending colon (Fig. 2). Endoscopic ultrasonography revealed a hyperechoic mass in the submucosal layer (Fig. 3). On the contrast radiograph, the semipedunculated mass was seen to arise from the ileocecal valve; the intussusception was disinvaginated by inserting the colonoscope (Fig. 4). The diagnosis was ascending-transverse colonic intussusception caused by a large lipoma originating at the ileocecal valve. Because of its shape, the endoscopic mucosal resection technique could be used to remove the lipoma without complications (Fig. 5). The lesion was captured with a snare (SD-210U-25; Olympus Medical Systems Corp., Tokyo, Japan) after saline had been injected. Electrocautery (forced coagulation) was applied to cut the lesion. The resected specimen was a large submucosal tumor, 55×30×22mm in size, with a yellowish cut surface (Fig. 6). Histopathology indicated proliferating fat cells in the submucosal layer, and a lipoma was diagnosed. The patient was discharged from the hospital 5 days after treatment.

Lipomas are benign, nonepithelial tumors that occur throughout the gastrointestinal tract, but typically in the colon. Lipomas larger than 2cm in diameter can cause intussusception, obstruction, or bleeding [1]. Although frequent in children, intestinal intussusception is unusual in adults. A colonic lipoma as the principal point for colonic intussusception is uncommon [2]. Endoscopic methods to remove ileocolonic lipoma have been reported previously [3–6]. However, to our knowledge, the endoscopic removal of a lipoma causing a definite intussusception has not been reported. In previous case reports, most patients with colonic lipoma intussusception have undergone surgical treatment. Endoscopic removal, which is less invasive, may be another option for the treatment of large colonic lipomas.

References
2 Rogers SO Jr, Lee MC, Ashley SW. Giant colonic lipoma as lead point for intermittent colo-colonic intussusception. Surgery 2002; 131: 687–688

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1377953
Endoscopy 2014; 46: E551–E552
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Kyosuke Tanaka, MD, PhD
Department of Endoscopic Medicine
Mie University Hospital
2-174 Edobashi, Tsu, Mie
514-8507 Japan
Fax: +81-59-231-5285
kyosuket@qa2.so-net.ne.jp

Fig. 4 Contrasting radiograph shows the large colonic mass to be semipedunculated.

Fig. 5 The mass is removed endoscopically without perforation.

Fig. 6 The resected specimen is a large submucosal tumor, 55 × 30 × 22 mm in size, with a yellowish cut surface.