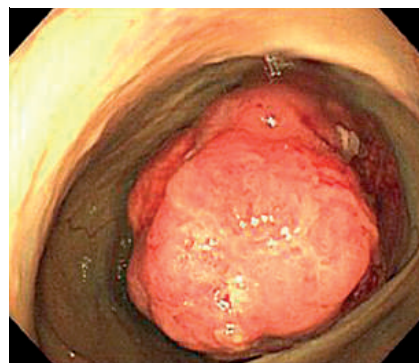


## Lobulated colonic lipoma mimicking carcinoma with intermittent intussusception



**Figure 1** Double contrast colon series showed an irregular lobulated mass measuring 5 cm in diameter, located in the hepatic flexure.



**Figure 2** Colonoscopy revealed a polypoid mass with an irregular lobulated margin, and tan-pink ulcerated necrotic surface that mimicked a malignant tumor.

Lipomas are the most common nonepithelial tumors of the colon, and rank third in frequency among benign colonic tumors after hyperplastic and adenomatous polyps [1]. Symptomatic colonic lipomas are uncommon, accounting for 6% in clinical series at the Mayo Clinic [2]. Intussuscepted colonic lipomas are rare and often confused with malignant tumors, so that most of them are diagnosed after intervention [3]. We report on a lobulated colonic lipoma with unusual presentations that mimicked carcinoma.

A 47-year-old woman presented with intermittent, colicky abdominal pain. Physical examination showed no specific finding except for pale conjunctiva. Laboratory investigation revealed iron-deficiency anemia. The fecal occult blood test was positive. Double contrast colon series showed an irregular lobulated mass, measuring 5 cm in diameter and located in the hepatic flexure (● **Figure 1**). Colonoscopy revealed a 5 cm diameter polypoid mass with an irregular lobulated margin, tan-pink ulcerated surface, and easy contact bleeding in the ascending colon near the hepatic flexure (● **Figure 2**). Abdominal computed tomography (CT) showed an intussuscepted lesion located in the hepatic flexure. An ill-defined fat-containing soft-tissue mass was measured at 5 cm in diameter and acted as a leading point of intussusception (● **Figure 3**). Because of suspicion of ma-

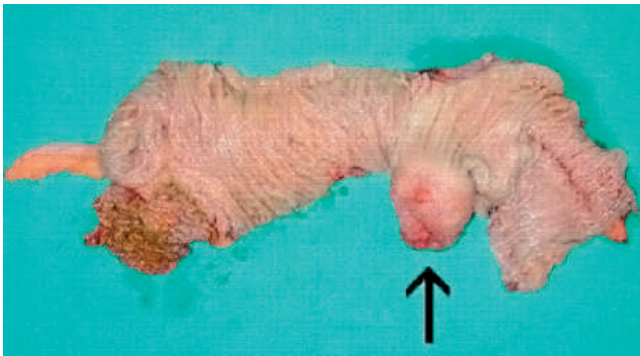
lignant tumor, the patient underwent laparotomy with right hemicolectomy. The gross appearance of the lesion was that of a polypoid hard mass measuring

5 × 4 × 4 cm, with an ulcerated necrotic surface and located at the distal ascending colon (● **Figure 4**). The histologic findings revealed a lipoma composed of mature adipose tissue. The surface of the mass was superficially ulcerated with inflammation and fibrosis (● **Figure 5**). The patient was discharged on the seventh day after the operation, following an uneventful recovery.

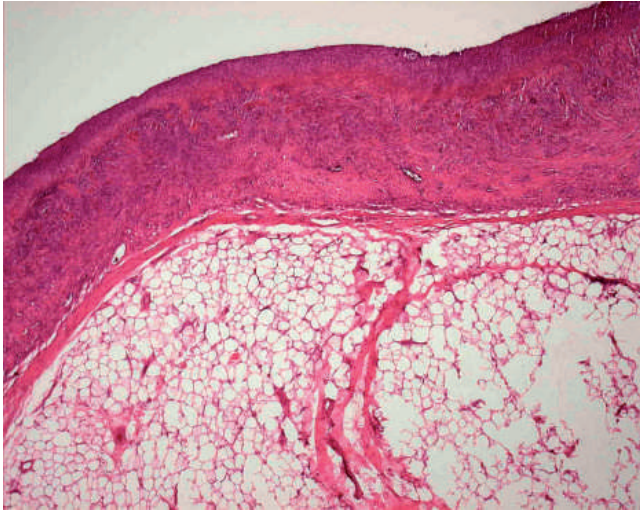
Large colonic lipomas (> 2 cm) can present as abdominal pain from obstruction



**Figure 3** Abdominal computed tomography showed an ill-defined fat-containing soft-tissue mass, which acted as a leading point of intussusception (a, arrow). The wall of the colon near the mass was thickened with rings of intussusception (b, arrow). There was no lymphadenopathy.



**Figure 4** Resected specimen of the colon showed a polypoid hard mass measuring 5 × 4 × 4 cm, with an ulcerated necrotic surface, located at the distal ascending colon.



**Figure 5** Pathologic findings revealed mucosal ulceration with inflammation and fibrosis. The submucosal mass was composed of mature adipose tissue. (Hematoxylin and eosin, original magnification × 100).

or intussusception, and bleeding or chronic anemia could occur when mucosa overlying the lipoma is ulcerated [4]. Ulcerative and lobulated appearance may be due to fibrosis and healing of traumatic mucosa resulting from chronic and occasional intussusception [5]. In this case, abdominal CT is sensitive for colonic lipomas with intussusception.

Endoscopy\_UCTN\_Code\_CCL\_1AD\_2AB  
Endoscopy\_UCTN\_Code\_CCL\_1AD\_2AC

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DOI 10.1055/s-2007-966583

*Endoscopy* 2007; 39: E256–E257

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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