

## **Submucosal Lipoma in a 72 Year Old Lady Causing Obstruction: A Case Report**

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### **ABSTRACT**

Lipomas of the large intestine are less frequently encountered with a frequency ranging from 0.2 to 4.4 %. Lipomas of the gastrointestinal tract are rare conditions first described by Baurer in 1757<sup>1</sup>.

We here describe a case of a 72-year-old female with complaints of colicky right abdominal pain for a 1-month duration. Contrast enhance CT imaging revealed a non- uniform wall thickness with irregular narrowing of lumen of intestine. She underwent right hemicolectomy in view of obstruction. Gross examination revealed a large polypoidal mass arising from the mucosa at the ileocaecal junction. Histopathological examination revealed it to be a submucosal lipoma.

**KEYWORDS:** Submucosal lipoma , intussusception, intestinal obstruction

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### **INTRODUCTION**

Intussusception in adults is associated with a pathological lesion involving a lead point. Most common being benign polyp, enlarged mesenteric lymphnode, meckels diverticulum, lymphoma, lipoma , gastrointestinal stromal tumour, primary and metastatic adenocarcinoma. Lipomas > 2cm can cause intussusception<sup>2</sup>. Intestinal lipomas are rarely encountered adipose tissue growth found within intestinal wall or mesentery<sup>3</sup>. Adult intussusception is uncommon and requires a surgical approach. A study revealed malignancy to be associated with 31% of small bowel intussusception and 70 % of large bowel intussusception<sup>4</sup>. Intestinal lipomas are benign, slow growing mesenchymal neoplasms arising from connective tissue in bowel wall. Lipomas can occur anywhere in GIT. The large intestine is most commonly affected site, with most lipomas arising in the caecum and ascending colon. Less often lipomas are seen in ileum, followed by stomach and esophagus<sup>5</sup>

In this article , we present a case of symptomatic submucosal lipoma of 72 year old female who presented with complaints of colicky abdominal pain of 1 month duration.

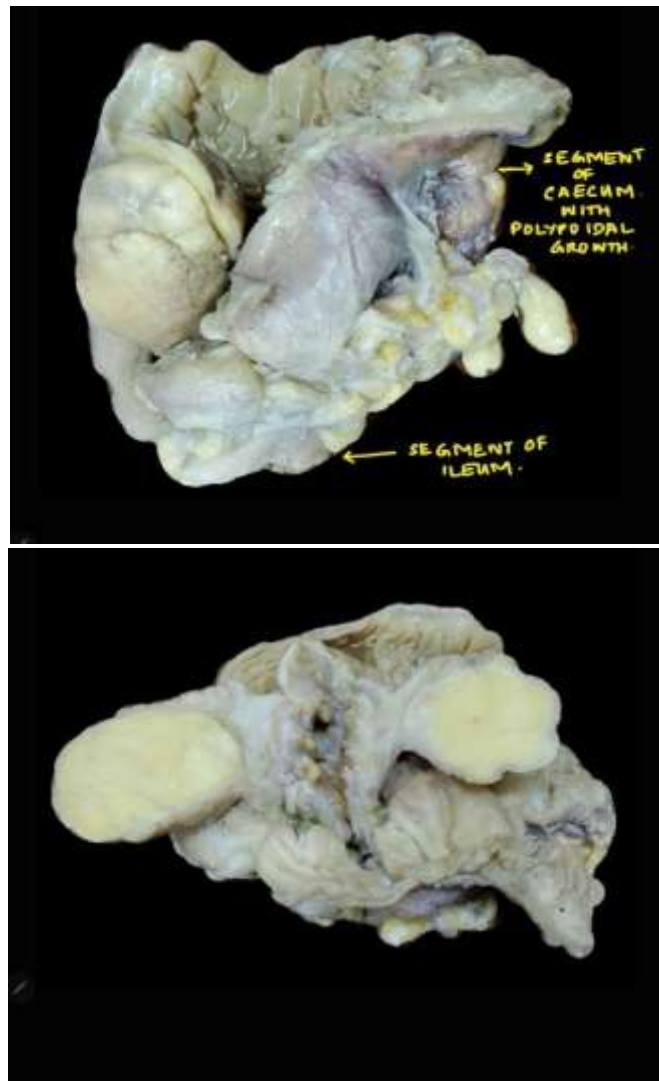
### **CASE REPORT**

A 72 year old female presented with colicky abdominal pain for past 1 month duration. There is a sudden exacerbation of pain and she was then rushed to the emergency and trauma care. General physical examination was normal and per rectal examination showed no bleeding.

CECT: Non uniform wall thickness with irregular narrowing of lumen of the intestine.

Emergency laparotomy was done and it revealed an irreducible ileocolic intussusception caused by a large polypoidal mass and a right hemicolectomy was done  
Gross: Received right hemicolectomy specimen measuring 25cm in length. Cutting open intestine identified a large polypoidal mass with a stalk arising from the mucosa mea. 7 x6.5 x4cm. Cut section of which is yellowish and firm to soft in consistency.

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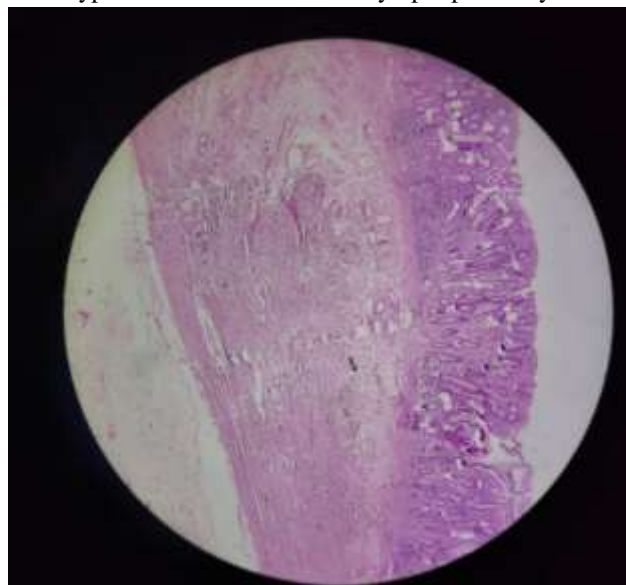


**Figure 1:** Gross image of the hemicolectomy specimen shows a polypoidal mass. Cut section of polypoidal mass is yellowish and firm to soft in consistency.

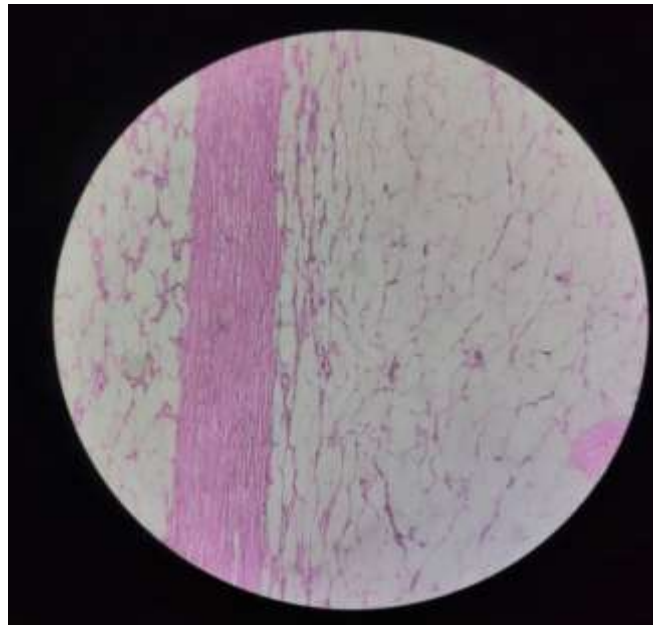
### Microscopy

Histology of polypoidal tissue revealed a neoplasm in submucosa composed of mature adipocytes of uniform size without substantial cytological atypia or atypical

hyperchromatic cells. Overlying mucosa lined by columnar cells with apical mucin. Lamina propria shows lymphoplasmacytic infiltrate and congested vessels.



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**Figure 2: Section shows overlying mucosa lined by columnar cells with lymphoplasmacytic infiltrates in lamina propria. Submucosa shows a neoplasm composed of mature adipocytes arranged in sheets. moMS**

### 3. CASE DISCUSSION

Gastrointestinal tract lipomas are benign tumours composed of mature adipose tissue and located mainly in the ileum, colon and jejunum. Most of the colonic lipoma cause no significant symptoms and the size of the lipoma is the main predictor of symptoms development. Lipomas more than 2cm are likely to be symptomatic.

The most common symptoms are intermittent crampy abdominal pain, altered bowel habits and chronic blood loss. Giant colonic polyps can present complications such as intestinal obstruction or intussusception.

At present small and asymptomatic lipomas require no treatment. For symptomatic lipomas less than 2cm endoscopic removal can be done. For lesions, more than 2cm surgical resection seems to be ideal. Surgical intervention is mandatory in emergencies like obstruction, intussusception and massive hemorrhage.

### 4. CONCLUSION

Though rare, intestinal lipomas can cause symptoms of intestinal obstruction. Therefore such tumours should be considered clinically in the differential diagnosis of cases of acute abdomen due to intussusception or intestinal obstruction in the elderly as well as young.

### REFERENCES

- I. Grasso E, Guastella T. Giant submucosal lipoma cause colo-colonic intussusception. A case report and review of literature. *Ann Ital Chir.* 2012 Nov-Dec;83(6):559-62. PMID: 23110909.
- II. Park N, Kuk JC, Shin EJ, Chin SS, Lim DR. Ileocolic intussusception caused by giant submucosal colonic lipoma: A rare case report. *Int J Surg Case Rep.* 2022 Aug;97:107451. doi: 10.1016/j.ijscr.2022.107451. Epub 2022 Jul 25. PMID: 35932712; PMCID: PMC9403280.
- III. Farkas N, Wong J, Bethel J, Monib S, Frampton A, Thomson S. A systematic review of symptomatic small bowel lipomas of the jejunum and ileum. *Ann Med Surg (Lond).* 2020 Sep 1;58:52-67. doi: 10.1016/j.amsu.2020.08.028. PMID: 32953101; PMCID: PMC7486416.
- IV. McKay R. Ileocecal intussusception in an adult: the laparoscopic approach. *JLS.* 2006 Apr-Jun;10(2):250-3. PMID: 16882431; PMCID: PMC3016128.
- V. WHO DIGESTIVE SYSTEM TUMOURS 5<sup>th</sup> EDITION