Small Bowel Lipoma with Acute Small Bowel Obstruction: A Case Report & Literature Review

ABSTRACT

Small bowel obstruction is a common acute presentation in any general surgical unit, however an obstruction secondary to a intusussuception from a complication of Small Bowel Lipoma are rare. We present a case of small bowel obstruction caused by Small bowel lipoma which was successfully treated with a laparotomy and Small Bowel Resection with Primary Anastomosis

Keywords: Small bowel obstruction; anastomosis; colonic lipomas; peritoneum.

1. INTRODUCTION

Intestinal Lipoma are rare benign non epithelial tumors, usually slow growing [1,2]. Most colonic lipomas were detected incidentally during surgery or endoscopy with incidence ranges from 0.035% to 4.4% [3-5]. The majority Intestinal Lipoma are small and asymptomatic [6-7]. Larger lesions may be symptomatic & causes several complications such as Intussusception, Superficial Ulcerations & bleeding [8-10].

2. CASE REPORTS

A 51 years old gentleman with no known co-morbids came to Emergency Department with complaints of bowel obstruction symptoms for the past one week. Clinically upon examination, the abdomen was Soft but distended and bowel sound is active. Plain abdominal radiography taken at ED showed dilated small bowel (stack coin appearance) but urgent CT abdomen done reported as Abscess collection at the ileocecal junction suggestive of a ruptured appendix with small bowel obstruction. Proceeded with Laparotomy on the same day, intra-operatively noted around 200cc serous peritoneal fluid upon entering the peritoneum, multiple small lipomatosis mass noticed along the Small Bowel which causing Intususception 45 cm from Ileocaecal valve. The Small Bowel proximal to Intususception noted dilated and hence decided to proceed with Small Bowel Resection and primary anastomosis. Otherwise, the appendix is appeared normal intra operatively. The Histopathology of Small Bowel sent reported back as Lipomatosis & Focal Low grade epithelial dysplasia. Post operatively patient was well and discharged on Day 10 on surgery.

3. DISCUSSION

Small Bowel Obstruction is a common Acute Emergency in hospital setting. Small Bowel Obstruction secondary to Intususception from an intestinal lipoma is a rare occurance. Adult intussusceptions cases are found less than 1 in 1300 abdominal operations.

Most Intestinal Lipoma are asymptomatic but larger intestinal lipoma more than 2 cm can cause complications such as massive haemorrhage, obstruction, perforation, intussusception, or prolapse.

In practise it is difficult to diagnose an Intestinal lipoma and differentiate it from malignancy. Several investigations proven to be helpful such as Barium Enema, Computed Tomography scans and Colonoscope.

In Barium Enema the lipoma can presented as the squeeze sign where it changes in size and shape during peristalsis. While CT can diagnose Intestinal Lipoma with relative certainty due to its uniform appearance and density and the negative Hounsfield unit (HU: –50). During Colonoscope, features include the “tenting” sign, where the mucosa tents over the lesion when grasped with forceps, the “cushion” sign, where flattening of the lesion is followed by restoration of its shape on pressure being removed, and the “naked fat” sign, where adipose tissue

discharges from the mucosal defect following biopsy.

The management for Intestinal Lipoma is mostly surgical resection especially if its symptomatic and presenting with complications such as haemorrhage, Intestinal Obstruction or perforation.

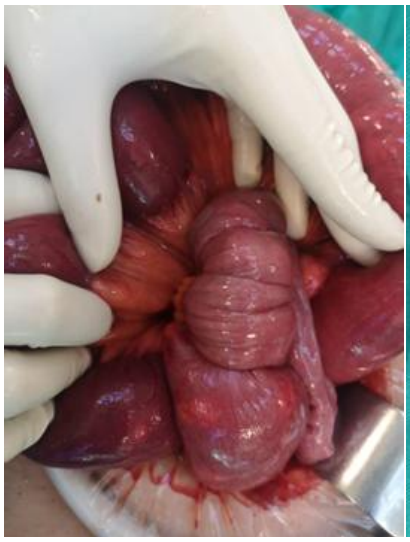

Fig. 1. Intraop finding

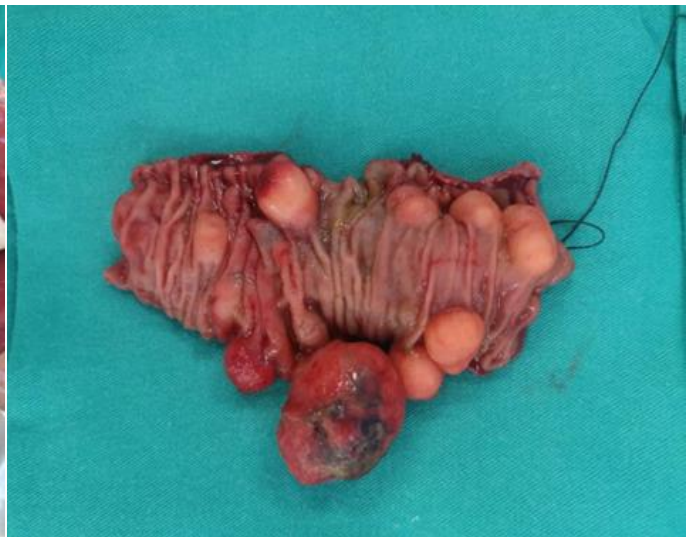

Fig. 2. Resected part of small bowel

4. CONCLUSION

Intestinal Lipoma is a rare occurance cause of Small Bowel Obstruction in adult however it should not be excluded in our differential diagnosis in a patient who come in with bowel obstruction symptoms. Radiological imaging proven helpful in diagnosing and deciding the management of the patient. Otherwise, surgical intervention is the treatment of choice in acute complicated Intestinal Lipoma.

CONSENT

As per international standard or university standard, patient(s) written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

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