

Ileocolic Intussusception on Ileal Lipoma: A Case Report and Literature Review

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Abstract

Acute intestinal intussusception is a rare condition in adults. In the majority of cases, it is secondary to a tumor, which can be benign or malignant. Intestinal intussusception caused by a lipoma is exceptionally rare. We report a case of ileocolic intussusception caused by an ileal lipoma.

Keywords: intussusception, Bowel obstruction, right colectomy.

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INTRODUCTION

Acute intestinal intussusception (AII) is a common condition in infants and young children but rarely encountered in adults [1]. It accounts for less than 5% of acute intestinal obstructions in adults. Intussusceptions involve the small intestine in 75% of cases and the colon in 25% of cases [1]. Unlike in children, intussusception in adults is often secondary to an endoluminal lesion, usually malignant, rarely a benign tumor such as an adenoma, and even more rarely a lipoma [1, 2]. We report a rare case of acute intestinal obstruction due to ileocolic intussusception caused by an ileal lipoma in a young woman.

OBSERVATION

Case Report: A 50-year-old woman with no significant medical history presented with alimentary and bilious vomiting for the past three days, along with diffuse abdominal pain and cessation of bowel movements and passing gas. The symptoms had started a month earlier with the sudden onset of abdominal pain, primarily around the umbilical region. This abdominal pain had spontaneously resolved until the day of her emergency department admission, prompted by worsening clinical signs. Upon admission, the patient was conscious and stable (blood pressure: 11/07, heart

rate: 92/min), and her general condition was good. Abdominal examination revealed slight abdominal distension and diffuse abdominal tenderness, with no hernial orifices being obstructed. Digital rectal examination revealed an empty rectal ampulla. Laboratory tests showed no abnormalities except for leukocytosis (13,000 cells/mm³). Hemoglobin level was 13.4 g/dl, and prothrombin level was 78%. Ionogram and renal function were normal. Abdominal X-ray without contrast showed small bowel distension (with the patient in a supine position) (Fig. 1), and abdominal CT scan revealed small bowel distension measuring 27 mm upstream from an ileocecal intussusception with a small amount of intra-peritoneal fluid collection (Fig. 2).

Surgical intervention was decided for the patient. The surgical exploration, performed through a midline laparotomy crossing the umbilicus, confirmed the diagnosis. The surgical exploration revealed slight dilation of the small bowel upstream from an ileocolic intussusception with a normally sized transverse colon (Fig. 3). Without successful manual reduction, a right hemicolectomy with ileo-transverse mechanical anastomosis was performed. Examination of the resected specimen revealed a small 4 cm tumor in the terminal ileal loop (Fig. 4).



Figure 1: Abdominal X-ray without contrast showing small bowel distension.

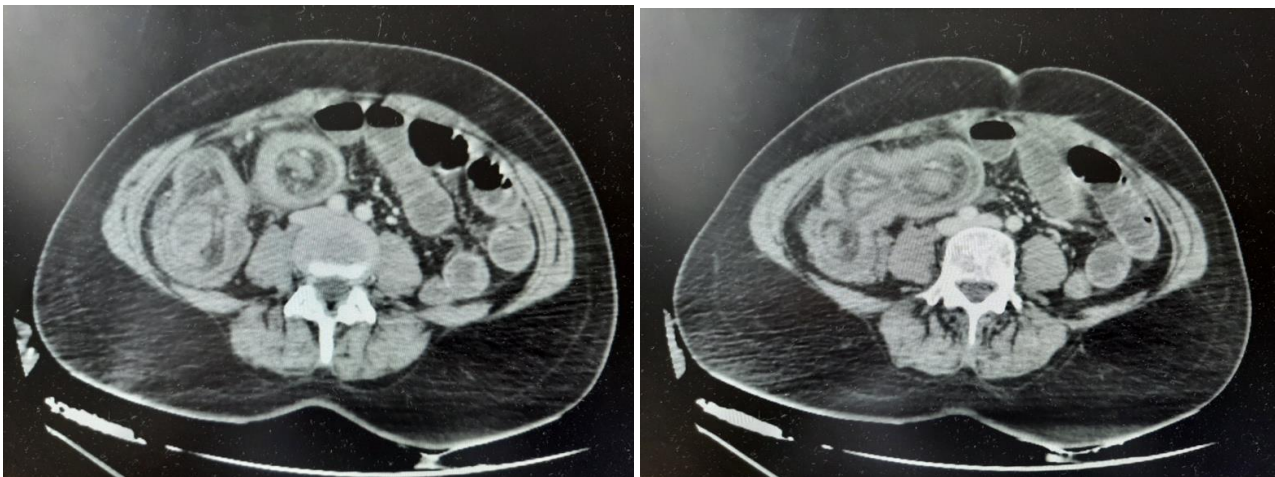


Figure 2: Abdominal CT scan showing the ileocolic intussusception.



Figure 3: Intraoperative image showing the ileocolic intussusception.

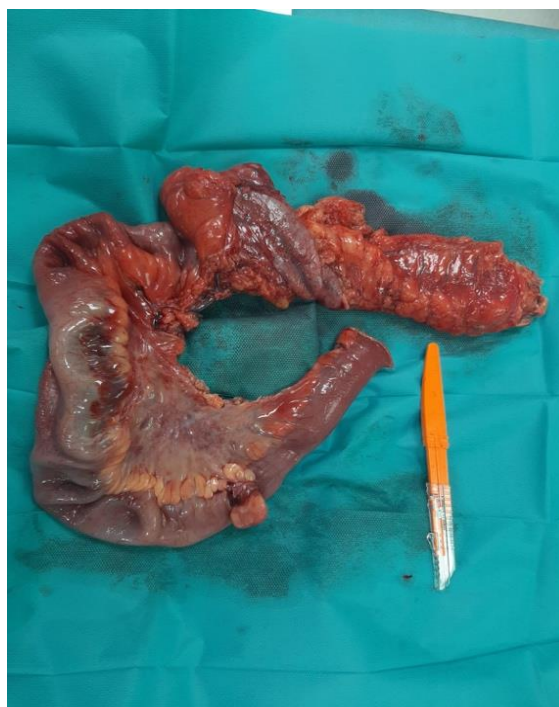


Figure 4: Surgical specimen.

The postoperative course was uneventful, and the patient was discharged from the hospital on the fifth day. The pathological examination confirmed a submucosal lipoma of the small bowel.

DISCUSSION

All accounts for 1-5% of intestinal obstructions in adults [1]. It most commonly involves the small bowel (48-70%), followed by the ileocolic region (25-40%), and rarely affects the colon alone (5-18%) [2, 3]. Unlike in children where intussusception is often idiopathic, in adults, it is frequently secondary to an organic lesion, accounting for 85% of cases in Western series [1]. These lesions are often carcinomas, rarely benign tumors [2, 3]. Lipomas are the second most common benign tumors after adenomas [1, 3]. They constitute 10% of benign tumors of the gastrointestinal tract and 2-4% of colonic benign tumors [3].

The lipomatous etiology, as in our case, is exceptionally rare. Only 28 cases have been reported in the literature. Lipomas are rare lesions of the gastrointestinal tract and typically occur in the ileum near the ileocecal valve and the proximal jejunum. The risk appears when the diameter reaches 3 cm [3, 4]. Lebeau *et al.*, 's series [2] of 20 cases of intestinal intussusception in adults did not include any cases of lipoma. In another series by Leon *et al.*, [1] involving 27 cases of intestinal intussusception in adults, only one case was attributed to a lipoma.

The symptoms are often nonspecific, presenting with signs of intestinal obstruction (abdominal pain, cessation of bowel movements, and passing gas) [5]. They can take a chronic course (incomplete

intussusception, with self-resolution and episodic manifestations) [1, 2, 3].

Our patient presented with an acute obstructive syndrome. On radiological imaging, plain abdominal X-ray may show nonspecific signs or small bowel distension, as observed in our patient [5]. Only computed tomography (CT) can conclusively establish the definitive diagnosis in adults and reveal the underlying etiology [3, 4, 5]. CT also aids in determining the mechanism of obstruction, identifying the site of intussusception, detecting signs of ischemia [6, 7], and identifying the cause (intraluminal or extraluminal mass) [6].

In adults, surgical treatment is always required, and there is no role for reduction by radiological-guided hydrostatic pressure [2, 3, 5]. Resection of varying extents may be necessary [2, 3]. Emergency colectomy is the standard procedure [1, 2]. Resection according to oncologic principles is necessary when a tumor with malignant features is discovered [3].

CONCLUSION

Acute intestinal obstruction due to ileocolic intussusception secondary to a lipoma is rarely encountered in adults. Diagnosis is aided by abdominal CT scan. Surgical excision is the treatment of choice.

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