

Ileal Lipoma - A Rare Cause of Ileocolic Intussusception in Adults: Case Report and Literature Review

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Abstract

Case Report

Intestinal intussusception in adults is rare, accounting for only 5% of intestinal intussusception and almost 1%-5% of intestinal obstruction [1, 2]. The condition is detected in less than 1 in 1300 abdominal operations in 100 patients operated for intestinal obstruction. The intestinal intussusception of the adult often leads to the discovery of an organic cause that can be a tumor or not, the ratio of children to adults is greater than 20:1. We describe a rare case of ileocolic intussusception in an adult secondary to an ileal lipoma.

Keywords: Lipoma, iléo-colique, adulte, intussusception.

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INTRODUCTION

Intestinal intussusception in adults is rare, accounting for only 5% of intestinal intussusception and almost 1%-5% of intestinal obstruction [1, 2]. The condition is detected in less than 1 in 1300 abdominal operations in 100 patients operated for intestinal obstruction. The intestinal intussusception of the adult often leads to the discovery of an organic cause that can be a tumor or not, the ratio of children to adults is greater than 20:1. We describe a rare case of ileocolic intussusception in an adult secondary to an ileal lipoma.

CASE REPORT

A 63-year-old His past medical history included diabetes and Biermer's disease, presenting for 15 days abdominal pain localized in the periumbilical region, hypogaster, right flank, iliac fossa, left flank, and left iliac fossa, associated with diarrhea at a rate of 2 stools per day. Clinical examination finds an apyretic patient hemodynamically stable, his abdomen was distended and

tender. The initial blood tests find an elevated white blood and a normal C-reactive protein.

A computed tomography (CT) scan of the abdomen and pelvis showed an ileocolic intussusception measuring 20cm in length. A fatty density structure within the ileal bowel lumen measuring 20 mm. No occlusive syndrome or intraperitoneal effusion (Figure 1).

The decision was an exploratory laparoscopy that objectified an ileocolic intussusception secondary to an ileal lipoma (Figure 2).

The gesture consisted of a reduction of intussusception with an ileal resection. Simple postoperative follow-up.

The histopathology report confirmed a 20-mm submucosal lipoma in the terminal ileum. There was no evidence of dysplasia or malignancy.

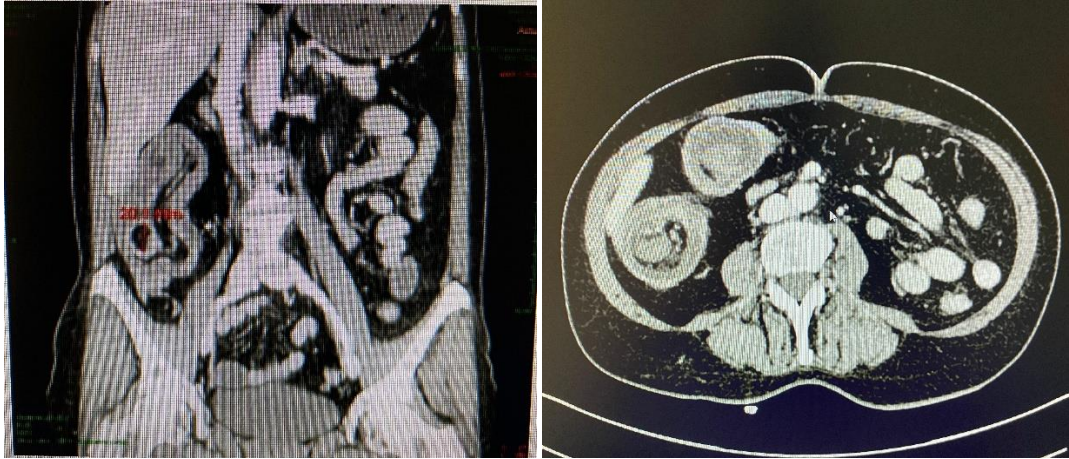


Figure 1: CT scan showing an ileocolic intussusception. And lipoma within the ileal bowel lumen measuring 20 mm



Figure 2: Intra-operative finding of ileal resection piece with the lipoma

DISCUSSION

Acute intestinal intussusception is classified according to its location: enteric, ileocolic, ileocecal, and colic [3]. Ileo-colic intussusception is defined by the telescoping of the ileum by the ileocecal valve in the colon, constituting 15% of all intestinal intussusception [1, 2]. The ileocecal valve and appendix retain their normal anatomical position and the organic lesion is usually in the ileum [4, 5]. These organic lesions are mostly benign, although malignant lesions may also be observed [3].

Lipomas are benign tumors of mesenchymal origin. They are the second most frequent benign tumors in the small intestine they represent 10% of all benign gastrointestinal tumors and 5% of all gastrointestinal tumors. They are usually submucosal and protrude in the

lumen. Sometimes located in the serosa. Gastrointestinal lipomas are most often located in the colon (65% to 75%, especially on the right colon), small intestine (20% to 25%), and occasionally in the foregut (<5%) [6]. Lipomas are generally asymptomatic. But can manifest as either intestinal obstruction or hemorrhage [7].

The symptomatology is often atypical which makes the diagnosis difficult. Abdominal pain, nausea, diarrhea, and ulcerative bleeding are the most common symptoms. Rarely, an acute intestinal obstruction [8].

The scanner usually reveals a smooth, well-defined sausage-shaped mass. It can also reveal intestinal intussusception if present [9] it also shows the vascular state of the invaginated segment and signs of associated digestive suffering [10].

In most cases of ileocolic intussusception in adults, an intestinal resection without reduction should be performed, especially in people over 60 years of age due to a higher risk of malignancy. In the case of intussusception of the small intestine, the reduction before resection should be performed only if the preoperative diagnosis of benign etiology is confirmed [10, 11].

CONCLUSION

The diagnosis of intestinal intussusception is often delayed because of atypical symptomatology. Intestinal intussusception on adult lipoma is a rare pathology often revealed by an acute intestinal intussusception or occlusion. Given the risk of malignant tumors in the elderly subject, an intestinal resection is necessary.

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