Intussusception Caused by Lipoma of the Colon

Although lipomas of the colon are considered the second most common benign nonepithelial tumors of the colon and rectum, they are rare. From July 17, 1997, until October 2004, we encountered 7 cases of lipomas of the colon. The patients ranged in age from 51 to 64 years (median age, 60 years) and included 3 men and 4 women. Their clinical presentation included rectal bleeding (n=2), pain in the right iliac fossa (n=3), pain in the left iliac fossa (n=1), diffuse upper abdominal pain (n=1), and symptoms and signs of intestinal obstruction (n=1). Their diagnosis involved flexible sigmoidoscopy, colonoscopy, barium enema, computed tomography, and magnetic resonance imaging. Their management involved right hemicolectomy (n=1), computed tomography, and magnetic resonance imaging. Their surveillance (n=1).

In general, colonic lipomas are more common in women than men and occur most often in the fifth and sixth decades of life. The incidence is estimated from 0.033% to as high as 4.4% in some series. Most lipomas are silent and often detected incidentally by colonoscopy or barium enema. The patients may have intussusceptions as demonstrated by magnetic resonance imaging, change in bowel habits, or simple mechanical obstruction. Barium enemas are not diagnostic and can miss lipomas smaller than 2 cm; however, they are mandatory to rule out malignant lesions. On barium study, lipomas are typically round or oval, sharply defined, smooth, filling defects. Colonoscopic polyps, and in a recent series, a 43% perforation rate was found. Surgical removal, preferably laparoscopically, has been advocated for lipomas larger than 2 cm in diameter. Endoscopic removal of small lipomas is generally safe but rarely indicated.

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