

A Massive Colorectal Lipoma Prolapsed with Invagination Through Anal Canal: Case Report

Anal Kanaldan Prolabe Olan ve İnvajinasyon Oluşturan Dev Kolorektal Lipom: Olgu Sunumu

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ABSTRACT

Colorectal lipoma is a rare and generally asymptomatic lesion of the colon. Symptoms emerge as the lipoma grows in size. We here describe our diagnosis and management of a case presenting with abdominal pain, rectal bleeding, and protruding rectal mass for 15 days. A soft mass which had prolapsed through the anus was observed on physical examination. Colonoscopy could not be performed due to the irreducible mass, and urgent surgery was planned. The mass was resected with rectosigmoid resection. The patient developed no complications and was discharged on the 7th postoperative day.

Keywords: Colorectal lipoma, lipoma, rectal prolapse, invagination

ÖZ

Kolorektal lipom nadir görülen ve genellikle asemptomatik seyreden bir lezyondur. Lipomun boyutu büyüdükçe semptomlar ortaya çıkar. Bu olgu sunumunda 15 gündür karın ağrısı, rektal kanama ve makattan eline kitle gelme şikayeti olan hastanın tanı ve tedavi süreci anlatılmıştır. Hastanın anal muayenesinde anüsten prolabe olan yumuşak kıvamlı kitle tespit edildi. Redükte edilemeyen kitle nedeni ile hastaya kolonoskopi yapılamadı ve acil cerrahi planlandı. Kitle rektosigmoid rezeksiyon uygulanarak rezeke edildi. Ameliyat sonrası servis takiplerinde ek problemi olmayan hasta postoperatif 7. gün taburcu edildi.

Anahtar Kelimeler: Kolorektal lipom, lipom, rektal prolaps, invajinasyon

Introduction

Colorectal lipomas are rare benign mesenchymal tumours and are generally asymptomatic. They may cause abdominal pain, diarrhea, rectal bleeding, tenesmus, obstruction, nausea, vomiting, distension and prolapsus by becoming symptomatic due to enlargement.¹ Clinical findings may overlap with malignant tumour.

Case Report

A 51-year-old female patient admitted to emergency service with complaints of rectal bleeding and a mass prolapsing through anus for 15 days. Her history did not reveal weight loss or loss of appetite. Patient did not have any known disease, history of drug use or undergone surgery; and no

abnormality was detected on complete blood count and blood biochemistry. A soft, smooth, bright, erythematous, 5-6 cm sized mass which prolapsed through anal canal and occluded the lumen was detected in anal examination of patient with tenderness and little distension in abdominal examination (Figure 1). Urgent surgery was planned for patient because colonoscopy also couldn't be performed due to unreductable mass. In operation table, it was observed with the help of rigid rectosigmoidoscopy that root of the lesion was located 20 cm from anal verge. It was concluded that endoscopic resection was not applicable; then laparotomy was performed. In laparotomy, invagination in sigmoid colon was observed (Figure 2). When colotomy was performed, a 7-8 cm sized soft mass was located at the distal part of sigmoid colon (Figure 3); then rectosigmoid resection



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Received/Geliş Tarihi: 16.02.2017 Accepted/Kabul Tarihi: 10.03.2017

was performed (Figure 4). After uneventful postoperative course, patient was discharged at postoperative 7th day. Pathological examination was revealed a vascular lipoma with 8 cm in diameter in colon lumen. No recurrence has been occurred during 4 years of follow-ups.

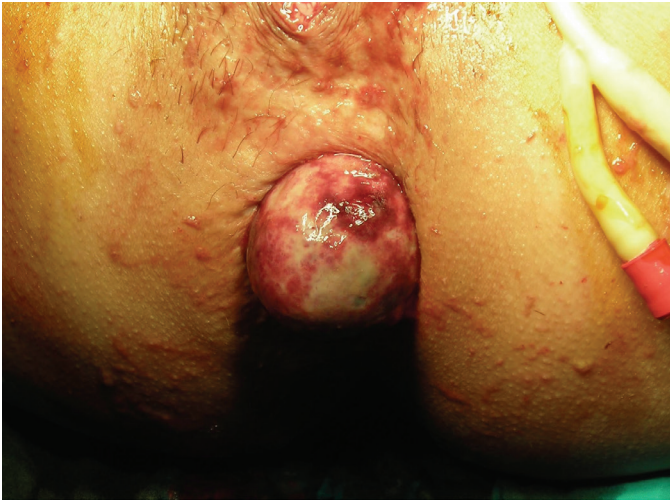


Figure 1. A soft, smooth mass which was prolapsed through anal canal and occluded the lumen was observed in anal examination

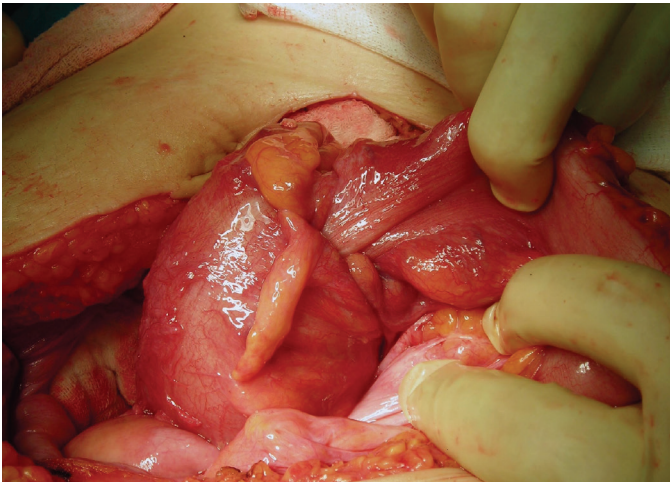


Figure 2. View of invagination caused by rectosigmoid lipoma during laparotomy

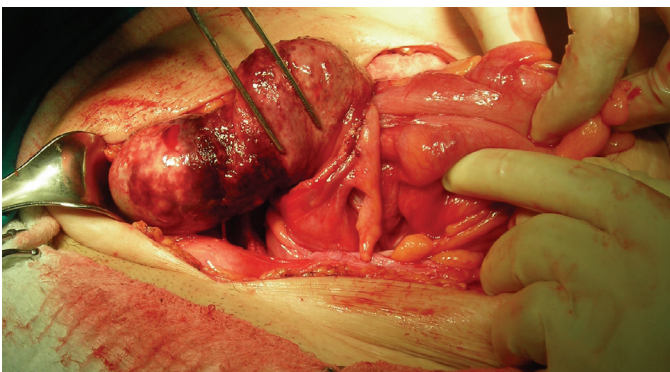


Figure 3. View of mass causing invagination during colotomy

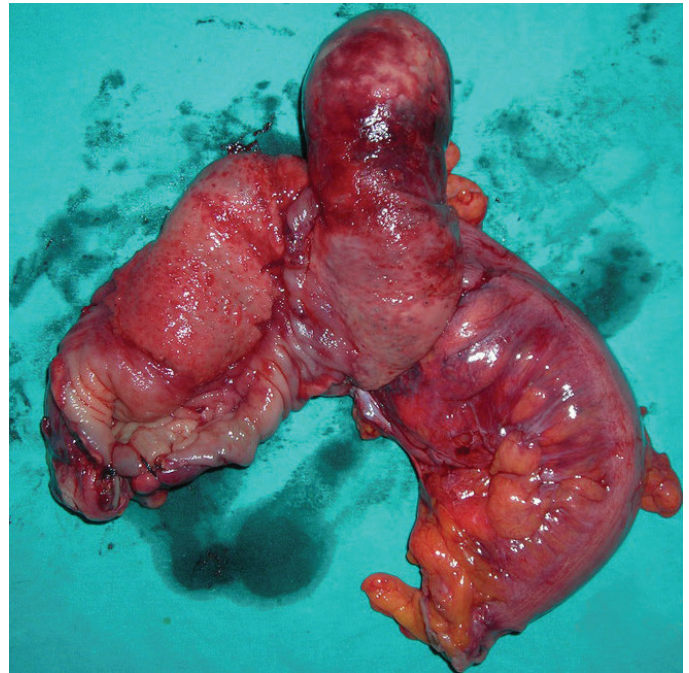


Figure 4. Rectosigmoid resection material

Discussion

Although colorectal lipomas are second most common benign colon tumors; rate of incidence in general population is very low. Its incidence ranges between 0.2% and 4.4%. It is more common among women aged between 50-70. Majority of them are located at right colon as well as caecum (most frequently).^{1,2} Also, 10% of them may be multiple.³ Although 90% of them are located submucosally, they may also be located at subserosa or mixed localizations.⁴

Lipomas located at colon are generally asymptomatic and diagnosis is generally made by endoscopic procedures or incidentally during abdominal surgeries.⁵ Size of lipomas may range between 2 mm and 30 cm in diameter.⁶ Symptoms are correlated with size of lipoma. It was reported that lesions sized above 4 cm are more likely to be symptomatic whereas lipomas sized below 2 cm are generally asymptomatic and diagnosed incidentally.¹ Although symptoms may vary according to the localization of the lipoma; abdominal pain, hemorrhage, invagination,⁷ obstruction, nausea, vomiting, distention, perforation,⁸ prolapsus⁹ may occur.

Diagnosing lipoma with imaging modalities may be difficult. Its signs rarely appear in barium graphies. If specific signs of adipose tissue can be identified in magnetic resonance imaging and computerized tomography; differentiating lipoma from colon cancer or polyp may be possible.^{4,10} Lipomas may be seen as soft, smooth, sessil or pedicled yellow lesions which appear as submucosal swelling without ulceration or lesion on mucosa. Mucosal pathology

may not be seen and deceiving reports may arise due to their submucosal origin. Lipomas may overlap with polyps and tumours during colonoscopy and definitive diagnosis may only be made by pathology results after excision of lesion.¹¹ Different approaches like enucleation, local excision, colotomy and segmental resection may be chosen for treatment.² Regular follow-ups are suggested for asymptomatic lipomas incidentally detected which was sized below 2 cm whereas endoscopic excision is suggested for symptomatic lipomas.^{2,5} Risk of perforation and bleeding during endoscopic excision is increased in lipomas sized above 2 cm in diameter. Therefore, segmental colectomy is preferable among other surgical methods.⁵ Transanal excision may be performed in distally localized masses. However; a case report related with excision of a 7 cm-sized colon lipoma after endoscopic submucosal dissection without complication is present in literature.¹² Groups preferred endoscopic submucosal excision even in large lipomas have suggested that other surgical methods must be chosen in cases of broad-based and sessile masses, suspicion of malignancy, presence of complications such as invagination or obstruction.¹²

In conclusion, colorectal polyps are especially symptomatic when they are sized above 4 cm in diameter by causing invagination, obstruction, prolapsus and rectal bleeding. A widely accepted algorithm in treatment is not available; however, excision of symptomatic lesions sized above 2 cm in diameter has been suggested.

Ethics

Informed Consent: Consent form was filled out by the patient.

Peer-review: Internally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: M.U., M.K.A., S.T., Concept: M.U., R.Y., K.T., M.K.A., Design: M.U., S. Tayar, Data Collection or Processing: M.U., Analysis

or Interpretation: M.U., S.T., Literature Search: M.U., S.Tayar, Writing: M.U.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

References

1. Dassanayake SU, Dinamithra NP, Nawarathne NM. Submucosal lipoma of the sigmoid colon as a rare cause of mucoid diarrhea: a case report. *J Med Case Rep* 2016;10:17.
2. Kose E, Cipe G, Demirgan S, Oguz S. Giant colonic lipoma with prolapse through the rectum treated by external local excision: A case report. *Oncology Lett* 2014;8:1377-1379.
3. Zhang H, Cong JC, Chen CS, Qiao L, Liu EQ. Submucous colon lipoma: a case report and review of the literature. *World J Gastroenterol* 2005;20:3167-3169.
4. Büyükuncu Y. Kolon Ve Rektumun Adenokarsinom Dışı Tümörleri. İçinde: Baykan A. Kolon ve Rektum Kanserleri, Türk Kolon ve Rektum Cerrahisi Derneği Yayınları, İstanbul, 2010:613-637.
5. Ghanem OM, Slater J, Singh P, Heitmiller RF, DiRocco JD. Pedunculated colonic lipoma prolapsing through the anus. *World J Clin Cases* 2015;5:457-461.
6. Paškauskas S, Latkauskas T, Valeikaitė G, Paršeliūnas A, Svagždys S, Saladžinskas Z, Tamelis A, Pavalkis D. Colonic intussusception caused by colonic lipoma: a case report. *Medicina (Kaunas)* 2010;7:477-481.
7. Mohamed M, Elghawy K, Scholten D, Wilson K2, McCann M. Adult sigmoidorectal intussusception related to colonic lipoma: A rare case report with an atypical presentation. *Int J Surg Case Rep* 2015;10:134-137.
8. Kumar L, Laksman TK. Giant submucosal lipomatous polyp causing perforation of sigmoid colon: a case report and review of literature. *J Clin Diag Res* 2015;1:22-24.
9. Elliott M, Martin J, Mullan F. Prolapsed giant sigmoid lipoma: a rare cause of adult ischaemic intussusception. *BMJ Case Rep* 2014:2014.
10. Huh KC, Lee TH, Kim SM, Im EH, Choi YW, Kim BK, Jung DJ, Choi WJ, Kang YW. Intussuscepted sigmoid colonic lipoma mimicking carcinoma. *Dig Dis Sci* 2006;4:791-795.
11. Kūçük Ü, Özer E, Anuk T. Submucosal Lipoma of the Rectum: a case report. *T J Path* 2009;2:47-49.
12. Lee JM, Kim JH, Kim M, Kim JH, Lee YB, Lee JH, Lim CW. Endoscopic submucosal dissection of a large colonic lipoma: Report of two cases. *World J Gastroenterol* 2015;10:3127-3131.