



CASE STUDY

ADULT INTUSSUSCEPTION DUE TO SUBMUCOUS LIPOMA OF JEJUNUM

*Dr. Midhun, P Gopalakrishnan and Dr. Sukumaran, K. K.

General Surgery, Government TD Medical College, Alappuzha, Kerala, India, Pin-688005

ARTICLE INFO

Article History:

Received 14th October, 2016
Received in revised form
10th November, 2016
Accepted 17th December, 2016
Published online 31st January, 2017

Key words:

Adult intussusception, Submucous,
Lipoma, Jejunum.

ABSTRACT

Jejunojunal intussusceptions are very rare in adults and usually a lead point is found unlike in children. Adult intussusception accounts for 5% of all intussusceptions. Despite comprising 75% of the length and 90% of the surface area of gastro intestinal tract, the small bowel harbours relatively less primary neoplasms. Primary lipomas of the small intestine are also rare and it accounts for 2.6% of non malignant tumours of the intestinal tract. The clinical presentations in adults are more chronic and intermittent and it includes obstruction, abdominal cramps or gastrointestinal bleeding. We are reporting a case of 60 year old male who presented to us with features of intestinal obstruction. After evaluation laparotomy was done and it showed intussusception due to submucous lipoma of jejunum.

Copyright©2017, Midhun, P Gopalakrishnan and Sukumaran. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Dr. Midhun, P Gopalakrishnan and Dr. Sukumaran, K. K. 2017. "Adult intussusception due to Submucous lipoma of jejunum", *International Journal of Current Research*, 9, (01), 45490-45492.

INTRODUCTION

The occurrence of intussusceptions is rare in adults accounting for less than 5% of all cases of intussusceptions and almost 1% - 5% of bowel obstruction (Hay Balamoun *et al.*, 2006). Usually paediatric intussusceptions are idiopathic in 90% of cases, but in adult intussusceptions there is organic lesion in 70% to 90% of cases (Balik *et al.*, 2006). Primary lipomas of the small intestine are also rare entities, representing 2.6% of non malignant tumors of the intestinal tract (Charalambous *et al.*, 2012). Most of them remain asymptomatic throughout life and only one third of these patients have symptoms related to the tumour, or it is encountered incidentally during investigation of abdominal symptoms. The majority of lipomas in the small bowel are solitary and they may protrude as an intra luminal submucosal mass which leads to severe symptoms. We are reporting a case of 60 years old male who presented to us with history of recurrent abdominal pain. After evaluation laparotomy was done and it showed intussusception due to submucous lipoma of jejunum.

Case report

60 years old male presented to emergency department with recurrent history of abdominal pain and vomiting with two days history of constipation. On examination

abdomen was distended with increased bowel sounds. Digital rectal examination showed rectal ballooning with absence of stools. Plain X ray abdomen showed multiple air fluid levels with dilated bowel loops. Contrast enhanced CT scan was done and it showed intussusception due to a focal lesion with fat density in jejunum. Patient was taken to emergency operation theatre and on laparotomy there was jejunojunal intussusception (Fig. 1) with a focal lesion of size 4*2.5 centimetres in jejunum, 60 centimetres from duodenojejunal flexure whose features were grossly suggestive of submucous lipoma (Fig. 2). Resection of the lesion done with 5 centimetre margin on both proximal and distal sides (Fig. 3) with end to end jejunojunal anastomosis. Post operative period was uneventful and patient was discharged on sixth post operative day. Histopathological report was consistent with submucous lipoma jejunum. Now he is asymptomatic on follow up.

DISCUSSION

Polyps, lipomas, fibromas and leiomyomas are common types of benign tumours in the small bowel. 20 - 30% of all lipomas affecting the gastrointestinal tract are more seen in males. Lipoma is usually seen in the colon than in the small bowel and stomach. Colon lipomas constitute 65% to 75% of cases of gut lipomas. Ileum is the commonest site of the small bowel lipomas, followed by jejunum and duodenum. They occur mainly in elderly patients and are benign in nature (Sah *et al.*, 2000; O'Riordan *et al.*, 1996).

*Corresponding author: Dr. Midhun, P Gopalakrishnan,
General Surgery, Government TD Medical College, Alappuzha,
Kerala, India Pin - 688005



Figure 1. Appearance of Intussusception on laparotomy



Figure 2. Appearance of focal lesion



Figure 3. Resected specimen of jejunum with the lesion

More than 50% of the small bowel lipomas arise in the ileum. Intestinal lipomas are usually solitary but may be multiple (Sarabjit Singh *et al.*, 2013). There are three types of growth pattern namely intraluminal, infiltrative and serosal. Intraluminal lesions are mostly associated with the development of intussusception and secondary bowel obstruction, while serosal lesions can cause small bowel volvulus (Felix *et al.*, 1976). Most small bowel lipomas arise in the submucosa and tend to grow into the lumen.

A recurrent episode of abdominal pain is the most common symptom of submucous lipoma jejunum and it is due to underlying sub acute bowel obstruction. The pain may be dull aching or colicky in nature. More than 50% of patients present as emergencies with complications of the tumour. Small bowel obstruction is the most common complication. Obstruction may be secondary to intussusception due to tumour acting as the lead point. It is a relatively rare and infrequent source of gastrointestinal bleeding. Preoperative diagnosis of jejunal submucous lipoma is usually difficult in emergency scenario. Plain abdominal radiograph will confirm a small bowel obstruction. In patients with partial or sub acute small bowel obstruction, barium studies may be diagnostic. Enteroclysis or a barium small bowel enema is more sensitive than a standard barium small bowel series. This technique provides excellent visualisation of the small bowel mucosa. Computed tomography (CT) with oral contrast may show the anatomical location of the tumour and its relation with adjacent structures. Benign tumours in the small intestine do not have a characteristic CT appearance and, in most instances, cannot be differentiated from malignant lesions, but lipomas can be definitively diagnosed by the recognition of fat attenuation within the mass (Lin *et al.*, 1992). Capsule enteroscopy provides excellent images of small bowel. It involves swallowing a small camera which relays digitised images to a computer recorder over 8 - hour duration. In most of the situations exploratory laparotomy with resection of jejunal segment with end to end jejunojejunal anastomosis is the treatment. If enough expertise is available same procedure can be done by laparoscopy also.

Conclusion

Intestinal lipomas should be kept in mind when evaluating an adult patient with intermittent abdominal symptoms though they are rare. As they can cause symptoms such as obstruction and bleeding surgical removal of the tumour is needed. Histopathological evaluation of the removed specimen is indicated in intestinal mass to exclude the possibility of malignancy although they are rare.

Conflict of interest

None

Acknowledgements

None

REFERENCES

- Balik A A, Ozturk G, Aydinli B *et al.* 2006. Intussusception in Adults. *Acta Chir Belg.*, 106(4): 409-412
- Charalambous, G., V Katerziannakis, A Manouras. 2012. Jejunojejunal Lipoma Causing Intussusception. *Case Rep Gastroenterol*, 6(3): 684-688
- Felix E L, Cohen M H, Bernstein A D, Schwartz J H. 1976. Adult Intussusception; Case Report of Recurrent Intussusception and Review of Literature. *Am J Surg.*, 131: 758-761

- Hay Balamoun, Samer Doughan. Ileal Lipoma, 2011. A Rare Case of Ileocolic Intussusception in Adults: Case Report and Literature Review. *World J Gastro Intest Surg.*, 3(1): 13-15
- Lin F, Setya V, Signor W. 1992. Gastro Duodenal Intussusception Secondary to a Gastric Lipoma: A Case Report and Review of Literature. *Am Surg.*, 58: 772-774
- O'Riordan B G, Vilor M, Herrera L. 1996. Small Bowel Tumors: an overview. *Dig Dis.*, 14: 245-257.
- Sah S P, Jain B K, Rani S. 2000. Small Intestinal Fibrolipoma: An Uncommon Cause of Intussusception. *J Nep Med Assoc.*, 39: 182-183
- Sarabjit Singh, S S Dabar, Suman Setia *et al.* 2013. Intussusception due to Jejunal Lipoma: A Case Report. *Journal IMSA*, 26(2): 112-113
