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CLINICAL VIGNETTE

Giant Colon Lipoma as Cause of Rectal Bleeding

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Case Reports

Our patient is a 70-year-old female with a history of controlled hypertension and dyslipidemia. She was taking hydrochlorothiazide and atorvastatin chronically and had no known allergies. She was overweight with a BMI of 32 and did not exercise. Family history was significant for a brother with colon cancer. Routine screening colonoscopy revealed a small, asymptomatic lipoma in the sigmoid colon. Her gastroenterologist advised a repeat colonoscopy in five years in view of her family history of colon cancer.

She was feeling well until she presented to the emergency room with abdominal pain, diarrhea and some rectal bleeding. She was afebrile with a blood pressure of 150/80 and heart rate of 90/min. Her abdominal exam was unremarkable with normal bowel sounds and tenderness. Digital rectal exam revealed only a few traces of blood. Her hemoglobin was 14 g/dl and basic metabolic panel was normal. She was scheduled for outpatient colonoscopy, which showed a submucosal tubular lesion with marked overlying erythema in the sigmoid colon. A lipoma was suspected and pathology revealed benign adipose tissue consistent with lipoma. She was referred for surgical consultation.

However, in the interim, she developed acute abdominal pain and constipation and re-presented to the emergency room. CT scanning of the abdomen and pelvis with and without contrast revealed colonic intussusception at the site of the lipoma. The patient underwent sigmoid colectomy with anastomosis. Her post-op course was uncomplicated, and she went home in 5 days. Pathology report revealed a 7.5cm lipoma without dysplasia or malignancy. The patient has done well post-operatively and remains free of abdominal symptoms.

Lipomas are the most common soft tissue tumors and are of mesenchymal origin. They are slow growing, only rarely malignant, and more common in women. These tumors occur in about one percent of individuals and are rare under age 20. A lipoma usually presents as a subcutaneous, nontender mass less than two centimeters in size. A lipoma greater than 5cm is considered to be "giant." A lipoma can develop anywhere in the body. Thirteen to twenty percent are found in the head and neck region. The majority of lipomas are superficial. Occasionally they are discovered within muscles, bones, and internal organs. They can cause neurologic

symptoms as a result of nerve compression. The cause of lipoma is uncertain but "heredity, obesity, diabetes, trauma, radiation, endocrine disorder, insulin injection and corticosteroid therapy are occasionally implicated as possible aetiological factors."¹ Most lipomas can be safely observed, but excision might be needed if the diagnosis is uncertain, if the mass is very large or rapidly growing, or if it is causing cosmetic concern or painful symptoms.¹⁻⁴

The colon is an infrequent location for lipoma formation with an incidence of 0.2-4.4%. Colon lipomas are the most common benign tumor in the colon after hyperplastic and adenomatous polyps. About 10-20% of patients have multiple lipomas. Colon lipomas are more common in women. These are asymptomatic in 94% of patients and are usually only noted incidentally during colonoscopy, diagnostic imaging, surgery, or autopsy. About two-thirds are present in the cecum and ascending colon. Ninety percent are submucosal, and 10% arise from the subserosa. Most colon lipomas are small, but about 30% are 2 cm or larger in size. (Reported sizes range from 2mm to 30 cm.) These larger lesions are more likely to cause symptoms and complications. A "giant" colonic lipoma is more than 4 to 5 cm in size, and 75% of these are symptomatic.⁵⁻¹²

Complications of colonic lipoma include abdominal pain, nausea, vomiting, intestinal obstruction, constipation, diarrhea, obstruction, and the presence of a palpable mass. Perforation has been reported. Symptoms may be vague or intermittent. Ulceration of the lesion may cause bleeding and anemia.^{6,7,9,10,13-15}

Only 5% of cases of intussusception occur in adults—the majority occur in pediatric patients. About 50-60% of colon intussusceptions in adults are due to malignant tumors. However, intussusception is a common complication in patients with intestinal lipomas occurring in about 55%, particularly in those patients with the larger lesions. Symptoms include intermittent abdominal pain, change in bowel habits, rectal bleeding, obstruction, and abdominal distention. Sometimes an abdominal mass is even palpable.^{16,17}

The diagnosis of intussusception is most accurately made with CT scan but occasionally has been done with colonoscopy, ultrasound, or MRI.^{8,16,17}

The treatment of symptomatic colon lipomas is surgical, either open or laparoscopic; some cases have been done endoscopically.^{8,12,13,15,16,18,19}

Conclusion

Colon lipomas are rare, benign tumors. They are more common in older patients and in women. Asymptomatic lesions found incidentally can usually just be observed. The larger the mass, the more likely it is to be symptomatic. Symptoms may include nausea, vomiting, obstruction, abdominal distention, diarrhea, constipation, and rectal bleeding. Our patient had a giant colon lipoma, which caused intussusception and rectal bleeding. Intussusception is a common complication, especially with the larger lesions. CT scan of the abdomen and pelvis is the most effective diagnostic tool. Surgery may be required to prevent complications and to rule out malignancy.

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