Letter to the Editor

Cecal Giant Lipoma Mimicking Malignancy

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Dear Editor-in-Chief

Herein we describe a 51-year-old male patient had intermittent abdominal pain and constipation during last two years. He admitted to general surgery clinic because of lately onset severe abdominal cramps, nausea and vomiting and due to bleeding during defecation. Colonoscopic examination revealed a mass lesion in the cecum located approximately 5 cm in diameter. Because of the patient's increasing complaints; right hemicolectomy was performed considering tumor. As a result of the operation a smooth surfaced pedinculated polypoid mass in size of 5×4×4 cm located in the cecum was observed. Cross-sectional surface of the mass was a bright yellow color with soft consistency (Fig. 1). Histopathological examination revealed the tumor composed of mature adipocytes covered by granulation tissue with inflammatory cells infiltration (Fig. 2). Lipoma in the submucosa was reported as a pathological diagnosis.

Fig. 1: The mass is confined to the submucosa, and the cut surface appears bright yellow and soft

Recieved: 12 October 2013
Accepted: 11 February 2014
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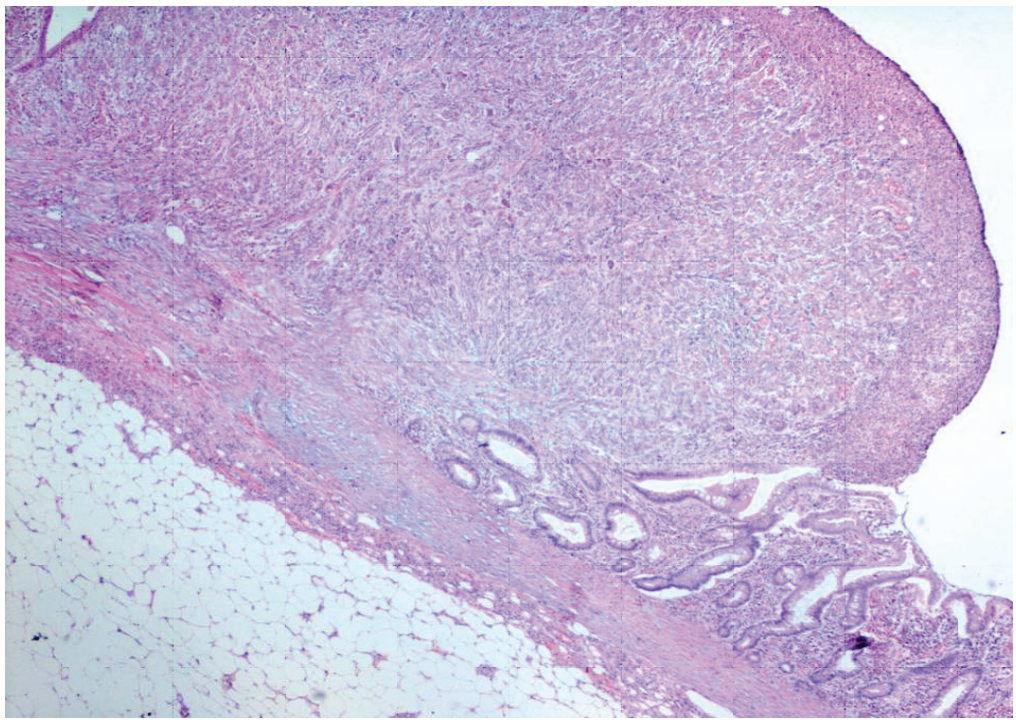

Fig. 2: Submucosal mass is composed of mature adipose tissue covered by granulation tissue with inflammatory cells infiltration (H &E stain, × 100)

Gastrointestinal lipomas are rare non-epithelial neoplasms. They are mostly settled in the cecum and ascending colon (1). Ninty percent of lipomas arr seen in the submucosa and rarely settle in serosa. The incidence has been reported as 0.2 to 4.4%. They are often asymptomatic and found incidentally at endoscopic, surgical and autopsy examination (2,3). Generally found in small diameters, rarely larger than 2 cm and cause symptoms.

The most common symptoms are anemia, abdominal pain, constipation, diarrhea, bleeding and intussusception (4). Most of the colonic polyps are sessile and rarely pedinculated, the surface may be covered with ulcerated and necrotic mucosa as in our case (2). Preoperative diagnosis is difficult and radiologic interventions and colonoscopy may be useful for the diagnosis. Exact diagnosis can only be diagnosed by histopathologic examination. Large adenomatous polyps can be removed by surgery assuming that they are tumors (5). Peduncle lipomas can be removed by colonoscopic approach. Endoscopic resection of large lipomas is to be controversial in some cases, but in recent times endoscopic resection is recommended in most of the cases (4).

In our case, recurrent subileuses were caused due to large lipoma narrowing the lumen of the colon. As a result, giant lipomas which develope complications are mistakenly diagnosed as carcinomas and may entail unnecessary extensive surgical resections. Therefore, surgical treatment should be performed to large lipomas and type of surgery should be evaluated with the help of the findings during laparotomy.

Acknowledgments

The authors declare that there is no conflict of interests.

References

1. Ghidirim G, Mishin I, Gutsu E, Gagauz I, Danch A, Russu S. Giant submucosal lipoma of the cecum: report of a case and review of literatüre. Rom J Gastroenterol 2005;14(4):393-6.

2. Atmatzidis S, Chatzimavroudis G, Patsas A, Papaziogas B, Kapoulas S, Kalaitzis S, *et al.* Pedunculated cecal

lipoma causing colo-colonic intussusception: a rare case report. Case Rep Surg 2012;2012: 279213.

3. Grasso E, Guastella T. Giant submucosal lipoma cause colo-colonic intussusception. A case report and review of literature. Ann Ital Chir 2012;83(6):559-62.

4. Lee CS, Lee MJ, Kim KL, Kim YS, Baik GH, Kim JB, *et al.* A case of giant lipoma causing chronic recurrent intussusception of the colon. Clin Endosc. 2012;45(2):165-8.

5. Ongom PA, Wabinga H, Lukande RL. A 'giant' intraluminal lipoma presenting with intussusception in an adult: a case report. J Med Case Rep. 2012;6(1):370.