IMAGES IN GASTROENTEROLOGY AND HEPATOLOGY

Colonic Intussusception Caused by Colonic Lipoma
Invaginacão Cólica Causada por Lipoma do Côlon

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A 41-year-old man, was admitted in the emergency department due to repeated lower abdominal pain, constipation and hematochezia with one month of evolution. His past medical history was irrelevant. The physical examination and laboratory data were normal. The patient denied anorexia, weight loss and fever. A colonoscopy revealed an extensive mass with a regular mucosal surface with ischemia and ulceration at the distal top (Figs. 1 and 2), in the descending colon. This lesion occupied more than 2/3 of the circumference and conditioned lumen stenosis. Biopsies revealed inflammatory changes. An abdominal and pelvic computed tomography (CT) showed colocolic intussusception (Fig. 3), in the terminal portion of the descending colon, caused by a lipomatosus mass with 7 cm × 4 cm larger diameter (Fig. 4). The patient underwent a segmental colon resection by laparoscopy. The histological examination of

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Figure 2  Endoscopic image of a mass with ischemia and ulceration at the distal top, in the descending colon.

Figure 3  Abdominal CT (coronal view): colocolic intussusception in the terminal portion of the descending colon.

Figure 4  Abdominal CT (coronal view): lipomatosus mass with 7 cm x 4 cm larger diameter in the.

The treatment for symptomatic lipomas has typically included surgical resection, but the use of minimally invasive techniques such as endoscopic therapy is increasing. Thus, various endoscopic procedures, including snare resection, endoscopic submucosal dissection, unroofing, endoloop technique and a combination of the last two, the "grasp-to-retract, ligate, unroof, and let-go" technique have been introduced recently for safe resection. In this case, the patient underwent a surgical resection because he presented with an acute colonic obstruction from intussusception.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Authorship

Filipa Ávila did the writing of the manuscript. All authors were responsible for the revision of its contents.

Conflicts of interest

The authors have no conflicts of interest to declare.
References