



## RESEARCH ARTICLE

### UNUSUAL TUMOR IN INTESTINE IN A CASE OF RIGHT HEMICOLECTOMY

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#### ARTICLE INFO

##### Article History:

Received 20<sup>th</sup> October, 2020

Received in revised form

28<sup>th</sup> November, 2020

Accepted 14<sup>th</sup> December, 2020

Published online 30<sup>th</sup> January, 2021

##### Keywords:

Colon, Hemicolectomy,  
Lipoma.

#### ABSTRACT

**Introduction:** Intussusception is not commonly seen in adults. There are various causes of Intussusception in adults. Commonly these are due to malignant tumours. Some benign tumours are also encountered. **Aim of the study:** To study the cause of intestinal obstruction in this case. **Materials and Methods:** This study was conducted in a tertiary care hospital in Kolkata. **Result:** This is a case study of an elderly man with intestinal obstruction who was admitted to the hospital with pain abdomen and mass in the abdomen. USG revealed a mass containing fat. Postoperative histopathological examination confirmed submucosal lipoma. **Conclusion:** Lipoma is one of the causes of Intestinal obstruction. It can be confirmed by histopathological examination after surgery.

#### INTRODUCTION

Intussusception is due to entering of one segment of bowel into another. The aetiology in adults are due to malignant and benign tumours. These intussusceptions are more commonly seen in children. It is uncommon in adults occurs 1 in 1300 cases of intestinal obstruction (1). So during laparotomy, the aetiology of the intussusception should be carefully evaluated and histopathology examination is also performed for ascertaining the exact nature of the lesion and for further management.

#### CASE REPORT

A man aged 58 years came to the Surgery OPD with complaints of abdominal pain for a week duration. He had no problem before one week. On examination, a central abdominal mass measuring 6x5 Cm was noted. The patient did not have any major problem but for a few days, he was having pain in the umbilical region off and on. One day in the morning the patient experienced excruciating pain and he got admitted in the Emergency. On examination, one diffuse mass was felt in the umbilical region. Complete blood examination, blood sugar, urea and liver function tests were within normal limits.

It was not possible to do the radiological examination. The patient was undergone USG and cholangiogram only. USG showed limited visualization due to hugely distended abdomen by bowel gas the straight X-ray abdomen showed multiple gas and fluid level and the possibility of intestinal obstruction Figure 1. Laparotomy was done by a midline incision. There was a dilated small bowel and ileocecal Intussusception. Right Hemicolectomy was done. Proximal ileostomy and distal mucous fistula were done.

The drain was given in the pelvis. The abdomen was closed in layers. The specimen was sent to the Pathology department. The specimen contained ileocecal junction cecum ascending colon and part of the transverse colon. It measured (20x7x3) cm. The cecum was dilated. The transverse colon and cecum were seemed to be adhered to the transverse colon. After cutting open a well-circumscribed mass measuring (3x2x1.5) cm. was exposed. It was situated just below the mucous membrane and 12 cm away from the proximal margin and 5 cm away from the distal margin Figure 2. It was not protruded in the lumen of the intestine. The mass was just below the mucous membrane and did not involve the muscle layer. The consistency was soft and it was yellow in color. It was processed in the automated tissue processor and histopathology report was consistent with the benign tumour Lipoma Figure 3. The postoperative period was uneventful. The patient was discharged from the hospital after colostomy closure. As the tumour was a benign tumour no further therapy was necessary.

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Fig. 1. X-ray showing intestinal obstruction.



Fig. 2. Specimen of right hemicolectomy showing lipoma

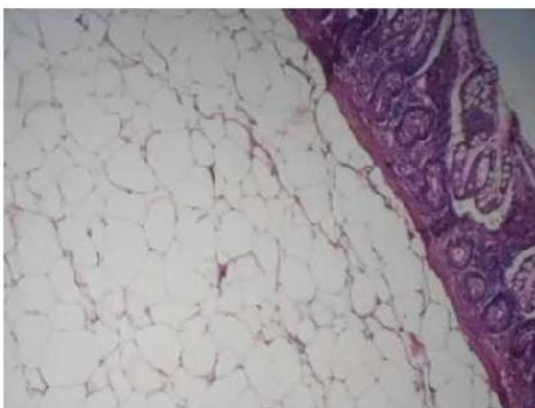


Fig. 3. Submucosal lipoma in ileum. H&E 400X

## DISCUSSION

The intussusception is commonly found in children. It occurs when one segment of the intestine telescopes into another intestinal segment and it is usually seen in children below two years of age (2).

Sometimes intussusception occurs in adults and in most of the cases there is some underlying abnormality. The abnormalities are usually tumours. The incidence of intussusception in adults is 2-3 in 10,000,000 (5). They may be benign tumours like polyps and lipoma and malignant tumours like carcinoma and lymphoma, etc. (3). Lipoma can occur in any part of the intestine. Mouaquit O *et al* found 20 cases of lipoma in the colon, 21 cases in the ileum, 5 cases in the jejunum, 3 in the cecum and 2 in the stomach (4). In another study, W. Gharini *et al* found 9 cases in the colon, 10 in the ileum, 1 in the jejunum and 4 in ileocecal valve (6). A lipoma is of mesenchymal origin. Ten per cent of the benign gastrointestinal tumour are lipoma and it constitutes five per cent of all gastrointestinal tumour (7). 90%--95% lipomas occur in the submucosal region of the intestine and usually single. They are found commonly in males and also in the elderly (8). Intussusception usually presents as colicky abdominal pain, nausea vomiting bleeding from gastrointestinal tract and distension (10). Sometimes intermittent mild to moderate pain and discomfort continues for an about the four months (12). In our case also the patient experienced mild pain in the abdomen and after one week he felt excruciating pain and admitted in the emergency with intestinal obstruction due to intussusception.

Important investigations are endoscopy but the more sensitive investigation is CT scan (9). USG may be used. The lipoma is usually single. But E. Kabawe reported a case of multiple lipomas both submucosal and subserosal in jejunum causing jejunal intussusception (10). In our case report, the patient developed ileocecal intussusception. The standard treatment for the adults' intussusception is resection and anastomosis (11) There causes of intussusception more frequently a malignant tumour so surgical resection is recommended (4). However reduction during surgery is controversial. In colonic intussusception, it is resected without reduction but in case of the small bowel, the reduction can be done when the preoperative diagnosis of a benign lesion is already done. The reduction is not possible when there is suspicion of malignancy (10). Here also resection anastomosis with colostomy was done and then the patient was discharged after colostomy closure.

## Conclusion

Diagnosis of intussusception is difficult in adults. Clinical and radiological investigations are necessary for diagnosis. But sometimes it presents as acute intestinal obstructions where the preoperative diagnosis of nature of the tumour is not possible. A lipoma is a rare benign tumour found in the gastrointestinal tract. Only surgical resection is needed without any further treatment.

**Conflict of interest statement:** None declared.

**Funding:** None.

**Consent:** The patient consent was obtained before submission

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