Lipoma of small intestine

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BACKGROUND

Lipomas of the gastrointestinal tract (GIT) are rare. They are usually submucosal, but rarely involve the muscle layer or serosa. Most of submucosal lipomas of GIT are present in the colon (65-75%), small intestine (25%) and rarely in stomach or jejunum. These lesions are usually asymptomatic and rarely are incidentally found in autopsies. During lifetime, they are detected when they cause intussusceptions and obstructive symptoms. These lesions can also rarely become ulcerated causing symptoms that come to notice. They occur in the age group of 50-60 years but rarely can occur at a younger age, and even more rarely in children. The present case report is of submucous lipoma in the terminal ileum. A 45-year-old female came complaining of pain in the abdomen gradually increasing over a period of 4 days. Computerized tomography scan revealed a mass in the submucosa. The patient was operated, and a thickened area, and a stricture were noted in the wall of the small intestine. No gross mass was seen. A specimen of resected bowel 8 cm × 2.5 cm × 2 cm was received in the pathology department. Sections from the lesion confirmed the diagnosis of submucosal lipoma that had also infiltrated the muscle layer [Figures 1-4].

The sheets of benign fat cells were seen within the folds of mucosa, submucosa, below the muscle layer and also in between the muscle layers of the small intestine. Such occurrence involving the muscle layer of the small intestine is very rare.

CONCLUSION

Though rare, (only 30 cases have been reported in literature as of yet) intestinal lipomas can cause symptoms of intestinal obstruction. Therefore, such tumors should be considered clinically in the differential diagnosis of cases of acute abdomen due to intussusceptions or intestinal obstruction. MRI and CT scan helps in diagnosing these tumors due to the fat content.

REFERENCES