# MAYO CLINIC

## A Giant Lipoma: **Rare Cause of Colo-colonic Intussusception in an Adult**

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## Introduction

- Intussusception in adults is uncommon, representing 5% of all intussusceptions, 1% of all bowel obstructions, 0.08% of all abdominal surgery and 0.003-0.02% of all hospital admissions. The overall incidence of intussusception in adulthood has been estimated to be around 2–3 cases/1,000,000 population/year.
- Intussusception may occur in both the small bowel and colon.
- We present a unique case of a benign giant lipoma causing rare colo-colonic intussusception in an adult.

### Image a



- A 36 year old female, previously healthy, pr a 4 day history of dull intermittent abdomina
- Computed tomography of the abdomen and contrast revealed a distal transverse/desce colonic intussusception with mild colonic wa (image a).
- The general surgery team requested a gastroenterology consultation to attempt co reduction of intussusception.
- Colonoscopy revealed a red submucosal m protruding into the lumen of the transverse (image b). It was possible to advance the c beyond the intussusception and the mass, were no signs of colonic ischemia.
- The area where the intussusception was se tattooed. Intussusception could not be reso colonoscopy, as expected.

Endoscopy Image b

Case Report		
resented with al pain.		<ul> <li>Colo-colonic intussusception was obvious on laparoscopy and distal transverse and proximal descending colon resection with primary anastomosis was performed.</li> </ul>
d pelvis with ending all thickening		<ul> <li>Surgical pathology revealed a large submucosal lipoma approximately 8 cm on oval diameter, which was the leading edge of the intussusception (image c).</li> </ul>
olonoscopic		Discussion & Conclusion
nass		<ul> <li>Giant lipomas causing colonic intussusception are rare, and intussusception in adults is uncommon.</li> </ul>
colon colonoscope and there		<ul> <li>Colonic involvement of intussusception is seen in up to 50% of cases with 70% having an underlying malignant cause. Colonoscopy typically has limited utility. Surgical resection remains the first line of treatment.</li> </ul>
een was		Surgical Specimen Image o
lved with a		Surgical Specimen Image c

