## 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.

## Case Report

A 36 year old female, previously healthy, presented with a 4 day history of dull intermittent abdominal pain.

Computed tomography of the abdomen and pelvis with contrast revealed a distal transverse/descending colonic intussusception with mild colonic wall thickening (image a).

The general surgery team requested a gastroenterology consultation to attempt colonoscopic reduction of intussusception.

Colonoscopy revealed a red submucosal mass protruding into the lumen of the transverse colon (image b). It was possible to advance the colonoscope beyond the intussusception and the mass, and there were no signs of colonic ischemia.

The area where the intussusception was seen was tattooed. Intussusception could not be resolved with a colonoscopy, as expected.

Colo-colonic intussusception was obvious on laparoscopy and distal transverse and proximal descending colon resection with primary anastomosis was performed.

Surgical pathology revealed a large submucosal lipoma approximately 8 cm on oval diameter, which was the leading edge of the intussusception (image c).

## Discussion & Conclusion

Giant lipomas causing colonic intussusception are rare, and intussusception in adults is uncommon.

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.

---

**Image a**

![Image a](image_a.png)

**Endoscopy Image b**

![Endoscopy Image b](endoscopy_b.png)

**Surgical Specimen Image c**

![Surgical Specimen Image c](surgical_c.png)