Small Bowel Lipoma

Buitrago D1, Cataneo J1, Falchuck K2 and Poylin V1*

1Department of Colon and Rectal surgery, Beth Israel Deaconess Medical Center, Harvard Medical School, Massachusetts, USA
2Division of Gastroenterology, Beth Israel Deaconess Medical Center, Harvard Medical School, Massachusetts, USA

Clinical Image

71 year old man presented with 3 months of intermittent abdominal pain in the epigastrium without radiation. Episodes are not related to any food or activity and are self limited. He has no relevant medical or surgical history. His workup revealed normal laboratory studies and upper and lower endoscopies. Computerized Tomography showed small bowel intussusception with leading point consistent with small bowel lipoma (Figure 1). Laparoscopically assisted small bowel resection revealed 4x3 cm mass causing intussusception (Figure 2) and pathology was consistent with above (Figure 3). He was discharged home on second post operative day without issues. Intestinal lipomas are common and mostly asymptomatic, however they can occasionally cause obstructions, thus index of suspicion should be maintained in patients with non specific symptoms.

Figure 1: Computerized tomography imaging of small bowel intussusception. Solid arrow pointing at intussusception and clear arrow shows small bowel lipoma as a leading point.

Figure 2: Intraoperative pictures showing intussusception and small bowel mass.
Figure 3: H&E staining showing mature uniform lipocytes with overlying small bowel mucosa and submucosal.