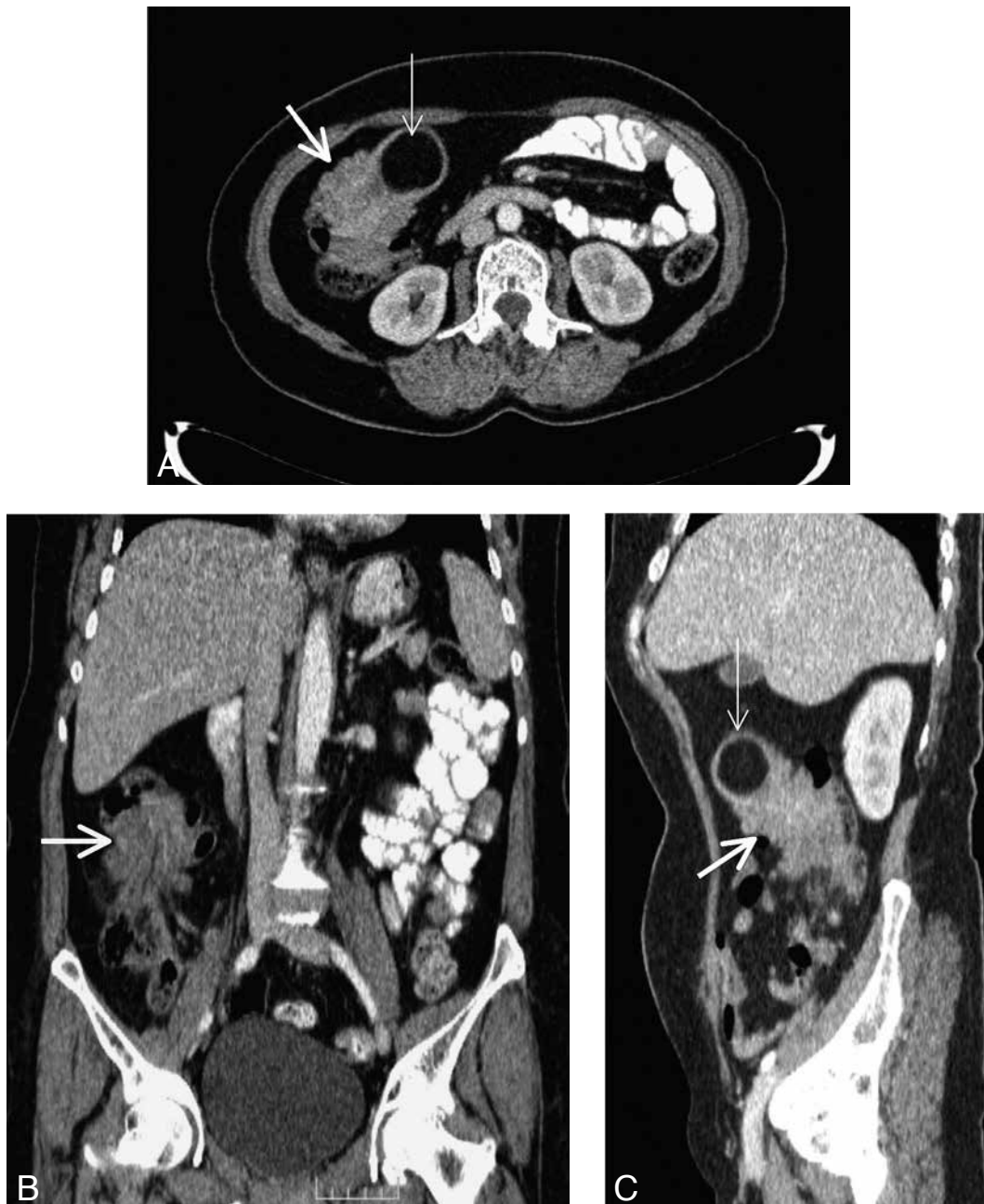


COLOCOLONIC INTUSSUSCEPTION SECONDARY TO LIPOMA

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Key-word: Intussusception

Background: A 44-year-old-woman was admitted to our hospital with a 7-day history of abdominal pain. The pain was non-continuous, generalized and colicky in nature. Physical examination showed diffuse abdominal tenderness. The results of the serum biochemistry tests were within normal limits. Plain film of the abdomen showed a few air-fluid levels.



1A
Fig. 1B 1C

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Work-up

Contrast-enhanced CT scan of the abdomen (Fig. 1) consisted of an axial image of the abdomen (A), a reformatted image in the coronal plane (B) and a reformatted image in the sagittal plane (C). The axial images as well as the coronal and sagittal multiplanar reformatted (MPR).

MDCT scan images demonstrate a well-defined, sharply demarcated mass of fat density measuring 55 × 40 mm in size (thin arrow), and a bowel-within-bowel appearance in the ascending colon, known as target sign and suggesting intussusception more proximally (thick arrow).

Radiological diagnosis

The diagnosis was made by CT findings as *colocolonic intussusception* secondary to lipoma.

Right hemicolectomy and ileocolic anastomosis was performed to the patient. The pathologic diagnosis was reported as necrotic lipoma. Surgical findings and histopathological diagnosis was consistent with the imaging findings. The patient was discharged from the hospital on the 8th postoperative day without a complication.

Discussion

Gastrointestinal submucosal lipomas are rare lesions and tend to occur mostly in the colon. The incidence of colonic lipoma has been reported as 0.035% to 4.4% in large autopsy series. Colonic lipomas are 90% submucosal in origin and solitary.

Although lipomas are usually asymptomatic, sometimes they protrude into the lumen and may cause obstruction or intussusception. Accordingly, symptoms like abdominal pain, constipation, diarrhea and hemorrhage may accompany. Intus-

susception can be defined as slipping of the proximal bowel segment into the distal segment.

Intussusception in adults is very rare and primarily malignant tumors are blamed for the etiology. Radiological findings play an important role in the diagnosis of intussusception. Clinically suspected patients are evaluated with abdominal radiography, barium enema, ultrasonography and contrast-enhanced CT. Specific CT findings of intussusception are thickening of the intestinal segments, concentric rings, and target sign. Usually the mass that causes the intussusception can also be seen. MDCT scan with coronal and sagittal MPR images provide additional information about the extent of intussusception. As a result, colocolic intussusceptions are rare causes of intestinal obstruction in adults and mass lesions play a triggering role. The knowledge about specific CT findings of intussusception is important in making the correct diagnosis and plays a key role in the early diagnosis and treatment.

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