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Case Report

Torsion of a giant antimesenteric lipoma of the sigmoid: a rare cause of acute abdomen

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ABSTRACT

Lipomas of the gastrointestinal tract are uncommon benign tumors of mature adipocytes and may occur in any portion along the gut. Depending on location they may have a variety of clinical presentations and even simulate malignant neoplasms. We report a case of a 58-year-old woman who presented with acute pelvic pain. An emergency sonogram detected a hyperechogenic mass in the left adnexal region, with no vascularization on Doppler. A computed tomography confirmed the hypothesis of a fat containing tumor with signals of torsion. The patient underwent laparoscopy which depicted a mass over the antimesenteric side of the sigmoid with signs of ischemia and twisted vascular pedicle. The lesion was resected, and the microscopy confirmed the diagnosis of lipoma. The multidisciplinary team in the emergency room must be aware of these possible complications in order to optimize patient care.

Introduction

Lipomas of the gastrointestinal tract (GIT) are uncommon benign tumors of mature adipocytes and may occur in any portion along the gut. The incidence of gastrointestinal lipomas varies; however, due to imaging and endoscopic examination, more cases are being detected [1]. Despite being a benign tumor, it has potential complications which are rare and related to morphology and location, including intussusception, ulceration, intestinal obstruction, and abdominal pain [1].

The majority of lipomas of GIT are solitary, submucosal, small, and located in the right colon [1]. Lipomas of mesentery, mesocolon, and antimesenteric side of intestine are extremely rare, they may reach larger dimensions and their incidence are limited to case reports. Torsion of an intra-abdominal lipoma is a rare cause of acute abdomen and most of them were described within the mesentery or omentum. The objectives of

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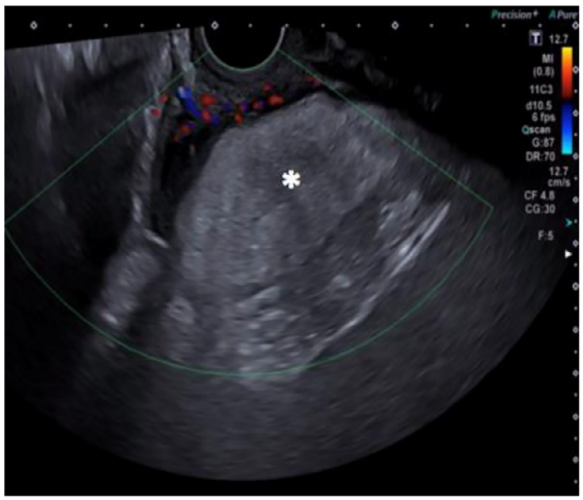

Fig. 1 – Transvaginal ultrasound: demonstrated a rounded hyperechogenic mass in the left adnexal region (asterisk).

this study are to describe a case of torsion of a giant antimesenteric lipoma and to review the current literature.

Case report

A 58-year-old woman was admitted in the emergency room with acute pelvic pain that started 1 day before her admission. The patient had pelvic pain with rebound tenderness and the pain was described as worse when walking. She had been treated for breast cancer 8 years before with no evidence of disease and was in use of an aromatase inhibitor (exemestane). On physical examination, she had a blood pressure of 110/57 mmHg, a pulse rate of 104 beats per minute, a respiratory rate of 16 breaths per minute, oral temperature of 36.2 °C, and oxygen saturation of 98%. Physical examination was otherwise normal, and the laboratory tests were normal.

Transvaginal ultrasound was requested to further study the pelvic organs and it demonstrated a rounded hyperechogenic mass in the left adnexal region, displacing the ovary anteriorly, measuring 7.5 cm and with no vascularization on color Doppler (Fig. 1). A contrast-enhanced computed tomography (CT) of the abdomen and pelvis was subsequently requested to further evaluate the mass. CT showed a large fat-containing mass measuring 7.5 cm next to the sigmoid colon surrounded by fat stranding (Fig. 2A and B). Abdominal CT did not demonstrate any other relevant abnormality. CT performed 7 years before the admission were retrieved from our digital archive and the comparison demonstrated that the lesion increased in size, changed its orientation within the pelvis and appeared a thick capsule surrounding the lesion and internal septations (Fig. 2C). Considering the acute onset of pain and the imaging features, the most likely diagnosis suggested by radiologists was torsion of lipoma from sigmoid or, less likely, torsion of a fat-containing left ovarian mass.

The patient underwent laparoscopy which depicted a nodular mass over the antimesenteric side of the sigmoid with signs of ischemia and twisted vascular pedicle (Fig. 3). The lesion was resected, and the microscopy confirmed the diagnosis of lipoma and showed areas of hemorrhage, vascular congestion and inflammatory infiltrate, suggestive of lipoma infarction (Fig. 4).

Discussion

Complications of lipomas of GIT are rare and related to morphology and location. If submucosal, they may be a leading point of an intussusception or may develop an ulceration and cause intestinal bleeding and/or iron deficiency anemia. If

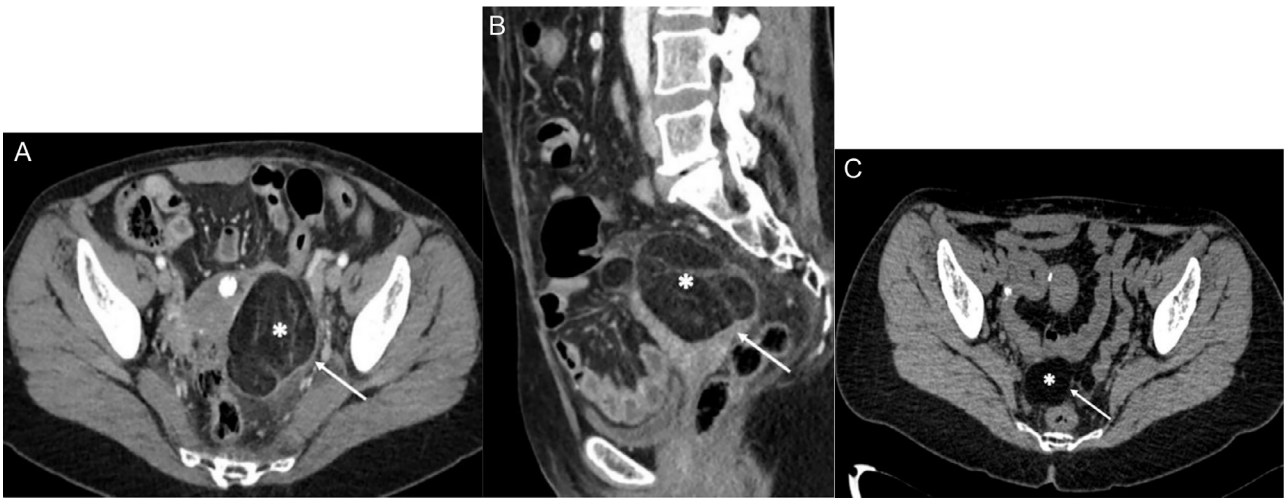

Fig. 2 – A and B. Contrast-enhanced CT of the abdomen and pelvis: showed a large fat-containing mass next to the sigmoid colon (asterisk) surrounded by fat stranding (arrow). C. Contrast-enhanced CT of the abdomen and pelvis: performed 7 years before the admission were retrieved from our digital archive and the comparison demonstrated that the lesion (asterisk) was smaller and located medial and posterior within the pelvis; and there was no fat stranding (arrow).