



Journal of Coloproctology

www.jcol.org.br



Case Report

Coloanal intussusception in adults due to lipoma

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ARTICLE INFO

Article history:

Received 13 March 2018

Accepted 1 May 2018

Available online xxx

Keywords:

Colonic lipoma

Coloanal intussusception

Colo-anal invagination

ABSTRACT

Adult intussusception is a rare condition. But coloanal intussusception is an exception. Malignant lesions are the most common cause of colonic intussusception, and in this aspect, differ from childhood intussusception. We present a case wherein the patient had a lipoma of the sigmoid colon that caused an immense prolapse through the anus. Very few cases of coloanal intussusception are reported in adults, and we discuss the diagnostic tools and the management of this rare surgical entity.

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Intussuscepção colo-anal decorrente de lipoma em adulto

RESUMO

A intussuscepção no adulto é uma entidade rara. Mas a intussuscepção colo-anal é uma exceção. Lesões malignas são a causa mais comum de intussuscepção colônica e, neste aspecto, difere da intussuscepção infantil. Apresentamos um caso de lipoma do cólon sigmoide que causou um prolapso imenso através do ânus. Muito poucos casos de intussuscepção colo-anal foram relatados em adultos e discutimos as ferramentas diagnósticas e o tratamento dessa entidade cirúrgica rara.

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Palavras-chave:

Lipoma colônico

Intussuscepção colo-anal

Invaginação colo-anal

Introduction

Intussusception is defined as the telescoping of one segment of the gastrointestinal tract into an adjacent one.¹ It is common in children mainly in the first year of age. In contrast to

childhood intussusception, which is idiopathic in 90% of the cases, in adults, the majority of cases are due to malignant or benign tumors.^{2,3}

Adult intussusception may present as chronic intermittent intestinal obstruction⁴ or as acute abdomen. It very rarely presents as a prolapsed colon protruding through the anus. According to Lateste, by 1975, only 6 cases of coloanal invagination had been reported.⁵

Adult colonic intussusception should be managed with resection without reduction.¹ But initial reduction of the

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<https://doi.org/10.1016/j.jcol.2018.05.002>

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coloanal intussusception should be attempted before resection⁵ with the intention to preserve anal sphincter function. In our case we could see the lipoma ahead of the invaginated ischemic and edematous colon that was reduced with difficulty before surgical resection.

Case report

GD, a 60-year-old Caucasian male, started complaining of intermittent abdominal pain 4 days before hospitalization. During this period, he went twice to the emergency room, and he was sent home after receiving analgesics. He reported that when his bowel was protruding from his anus, it spontaneously returned to its anatomic site before being seen by the doctor, and so this information was not taken into account. The following day, another doctor performed a digital examination and felt the presence of a mass and thought it to be a tumor; therefore, the patient was admitted to hospital. Next day, a rectal examination was done and a smooth mass was noted in the anorectal junction, which was recorded by CT scan (Fig. 1).

A colonoscopy was planned, but before that could be performed, a rectal prolapse with a round mass at its apex was seen and registered by the staff (Fig. 2).

We suspected lipoma of the colon because we had a similar case in the past.⁴ Meanwhile, the intussusception progressed with a larger portion of the colon and rectum with increased edema and ischemia of the prolapsed segment (Fig. 3).

We reduced the colorectal segment with difficulty and an immediate rigid retosigmoidoscopy was performed. Surgery was planned after a prompt CT scan demonstrated the presence of air in the mesorectum and severe edema of the rectum and sigmoid and a lipoma of the sigmoid (Figs. 4 and 5).

During operation, we found an ischemic sigmoid colon and a round mass, previously reported as a lipoma, which were easily detected by touch. A partial colectomy and colostomy (Hartmann procedure) was undertaken including the lipoma and an ischemic segment of the colon (Fig. 6).

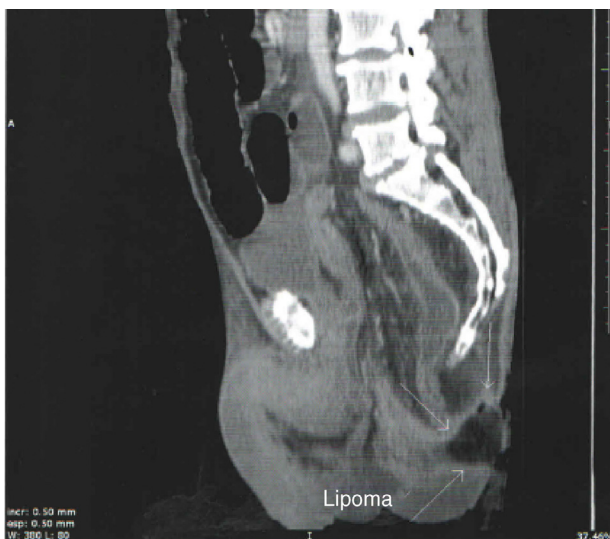


Fig. 1 – Lipoma as leading point for intussusception at anal verge.

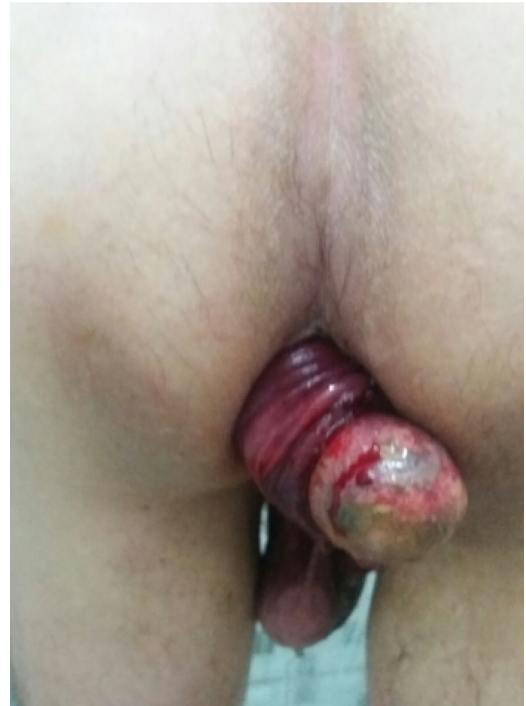


Fig. 2 – Rectal prolapse with a round mass at its apex.



Fig. 3 – Prolapsed ischemic intussusceptions.

The patient recovered rapidly. After 4 months, the patient was readmitted for colorectal anastomosis and is currently doing well.

Discussion

Adult intussusception is a rare condition with many surgeons encountering only one or two cases throughout their career. Reported incidence in adults is 2 to 3 cases in a population

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