Abstract:
Lipomatosis of the gastrointestinal tract is a rare entity not often encountered, very few cases have been reported in medical literature. Per se benign tumors of the small bowel are relatively rare among them lipomas are the most common ones, with an incidence in autopsy ranging from 0.04 to 4.5. We present a case of 63 year old male with segmental multiple ileal lipomatosis presenting as acute small bowel obstruction.

Keyword: Intestinal obstruction, Multiple intestinal lipomatosis, Lipomatosis

INTRODUCTION
Lipoma is a benign neoplasm containing encapsulated mass of mature adipose tissue. Lipomas have a tendency to develop virtually in every other organ of the body. However they are most frequently encountered in the subcutaneous tissue. The term lipomatosis has been used to define the presence of multiple circumscribed lipomas in the gastro-intestinal tract. Benign tumors of the small intestine are rare and lipoma is the most common of these benign tumors. Lipomatosis of the small bowel was first described by Hellstrom in 1906, and is quite uncommon. We present a case of multiple intestinal lipomatosis which presented as acute intestinal obstruction in a 63 years old man.

CASE REPORT
A 63 years old man reported to our emergency department with the complaints of abdominal pain, distension and vomiting for the past one day. Pain was colicky in nature and distension was progressive. Vomitus was bile stained. There was no history of hematemesis or melena. His past medical history was not contributory.
On examination patient was dehydrated, with elevated pulse rate and was hypotensive. Abdomen was distended with diffuse tenderness. Increased bowel sounds were noted. Per-rectal examination was not revealing. His cardiovascular and respiratory systems were found to be normal. Laboratory studies were normal. X ray abdomen erect revealed multiple air fluid levels and ultrasound abdomen showed multiple dilated bowel loops. A provisional diagnosis of acute intestinal obstruction was made and an emergency laparotomy was planned. Intra-operatively it was found to be a case of ileo-ileal intussusception with multiple intestinal lipomatosis in the region of ileum. Resection of the diseased segment with primary anastomosis was done. Histopathological examination of the resected bowel showed multiple submucous lipomas. Post-operative period was uneventful except for wound infection.

Patient is currently under regular follow up and is symptom free.

DISCUSSION
A lipoma is a benign tumor composed predominantly of adipose tissue. Essentially it is a mass of mature adipose tissue that is covered by a fibrous capsule. Lipomas are quite commonly encountered and can occur in many areas of the body and most frequently appear in the subcutaneous tissue & gastrointestinal tract. The term lipomatosis has been used to define the presence of multiple circumscribed lipomas in the gastro-intestinal tract. Lipomatosis of the small bowel was first described by Hellstrom in 1906, and is quite uncommon. No gender prevalence has been observed, with incidence almost equal in both genders. Lipomatosis is predominantly encountered after the fourth decade of life. The Average age of onset was deduced to be 47.3 ± 18 years according to 22 case reviews for small intestinal lipomatosis. (Rivera et al). The exact etio-pathogenesis of Gastro-Intestinal lipomatosis, regardless of the pattern of involvement, is currently unknown. Some patients with lipomatosis have a familial history, suggesting an autosomal dominant inheritance but such a concordance has not yet been verified independently. The most frequent presenting symptom of gastro-intestinal lipomatosis is pain abdomen. Clinical presentation of lipomatosis is determined by tumor size. The usual complication and presentation of intussusception or intestinal obstruction produced when tumor size is large enough and, to a lesser degree, clinical presentation is influenced by hemorrhage.
produced by mucosal ulceration. Melena occurs when lipomatosis presents as intussusception or ulceration. Gross specimens appear homogenous and have a hamartoma like nature, and mature adipose cells are invariably present on histology. Investigations for Lipomatosis are varied on operator efficiency and interpreter efficiency. Plain radiograph of abdomen is not very helpful in diagnosis except other than for signs of intestinal obstruction. Fluoroscopy with contrast is the traditionally accepted primary diagnostic study. However, lately Computerized Tomography has become recognized as an appropriate alternative due to the unambiguous imaging findings and the ease in which the study is obtained. CT scan in a patient with lipomatosis demonstrates well-defined, homogenous fatty lesions in the gastrointestinal wall. Once diagnosed by CT, more invasive studies are of little use in the absence of symptoms. The clinical presentation can be variable, as associations with diverticulosis, volvulus, intussusception, bleeding, and bowel obstruction have all been described. Such clinical scenarios demand investigations as appropriately needed and treatment protocols as called for. With CT evaluation, intestinal lipomatosis is distinguished from liposarcoma by the homogeneity of its lesions and the absence of areas of hetero density. The differential diagnosis of intestinal lipomatosis also includes the multiple polyposis syndromes, lymphoma, neurofibromas, multiple hemangiomas, mesenteric masses, and metastatic lesions (i.e., melanoma), but the appearance of lipomatous masses on both CT and barium study of the small intestine is highly convincing of the diagnosis. CT is an excellent technique for differentiating fat from other soft tissues, thus confirming the fatty nature of these benign tumors. In symptomatic cases, treatment consists of surgical resection of the affected area. In cases presenting with surgical emergency such as volvulus or intussusception, appropriate surgical procedures like removal of diseased segment has been described and, if intestinal wall is not affected, lesions are not removed. Small intestinal lipomatosis has been associated with diverticulosis in up to 40% of cases. Multiple intestinal lipomatosis of a small bowel segment is a rare presentation and may have varied clinical manifestations ranging from being asymptomatic to surgical emergencies like bowel obstruction, volvulus or intussusception.

REFERENCES


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