

A Case of an Ileal Angiolipoma as a Cause of Intussusception

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Abstract

Angiolipomas are very common benign tumors. The most frequent location is in the subcutaneous tissue; however it is very rare to find them at the gastrointestinal tract.

We present the case of a 36-year-old male patient with constipation and abdominal pain.

Intestinal intussusception was diagnosed by computed tomography scan.

Laparotomy revealed an intestinal invagination at the ileum and pathology report showed that the invagination was caused by an angiolipoma.

Keywords: Intussusception; Ileal angiolipoma; Ileal resection

Introduction

Angiolipomas are rare but well-recognized tumors of the small and large bowel. They usually arise from the submucosa and may occasionally protrude into the lumen, thus causing abdominal pain resulting from obstruction or intussusception or becoming evident through haemorrhage [1].

Case Presentation

We present the case of a 36-year-old man admitted in emergency department due to constipation for the last 48 hours. The patient also complained of six months of abdominal pain.

Abdominal X-ray showed dilated loops of small bowel, which suggested an obstructive pattern.

A computed tomography (CT) scan was performed with oral contrast and showed an image compatible with intestinal intussusception (Figure 1).

Surgery was indicated. On exploratory laparotomy, an ileo-ileal intussusception was found (Figure 2-3). An ileal resection with manual end-to-end primary anastomosis was conducted.

There were no postoperative complications and the patient was discharged the fourth day after surgery.

The pathology report showed a polypoid lesion measuring 3.5x2 cm with an ulcerated surface. The tumor had fatty coloration and consistency compatible with an angiolipoma (Figure 4-5).

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Received Date: 18 Dec 2018

Accepted Date: 01 Feb 2019

Published Date: 05 Feb 2019

Citation: Padilla ED, Memba R, Estalella L, Llàcer-Millán E, Morató O, Pavel MC, et al. A Case of an Ileal Angiolipoma as a Cause of Intussusception. *J Surg Forecast.* 2019; 2(1): 1018.

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Figure 1: Computed tomography of abdomen showing typical target mass intussusception image.



Figure 2: Piece of resected ileum.



Figure 3: Piece of resected ileum (Sagittal cut).

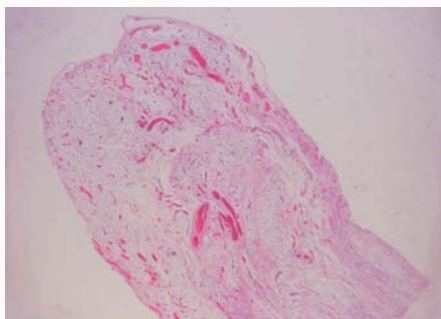


Figure 4: Macro-microscopic photograph of the lesion: polypoid-shaped lesion constituted by blood vessels and adipocytes.

Discussion

Angiolipomas were first described in 1912 by Bowen et. al. [2]. In 1960, Howard et. al. [3] demonstrated that the clinicopathological features of angiolipomas differed from those of lipomas, thereby delineating angiolipoma as a new entity. They can be classified by the ratio of adipose and vascular tissue composition as predominantly lipomatous or angiomatous type [4].

Angiolipomas usually present as encapsulated subcutaneous tumors; commonly occurring in young adults and usually located in multiple locations of arms and trunk. They are occasionally symptomatic [4].

Intussusception occurs when a segment of intestine invaginates into itself. Intussusception accounts for about 2% of bowel obstructions in adults. This entity is more likely to present insidiously with vague

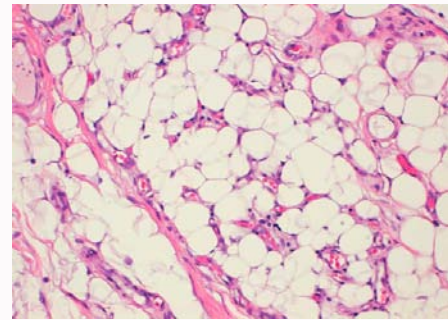


Figure 5: Proliferation of mature adipocytes without cytological atypia, with abundant capillary vessels covered by flattened endothelium without signs of malignancy (200x).

abdominal symptoms and rarely presents with the classic triad of vomiting, abdominal pain and gastrointestinal bleeding, making diagnosis difficult. Intussusception can be confidently diagnosed on CT scan because of its virtually pathognomonic appearance. On image tests, intussusception appears as a “sausage-shaped” mass in the longitudinal axis, and as a “target” mass in the transverse axis. In contrast to children, more than 90% of intussusceptions in adults have a demonstrable cause, 60% due to neoplasm. The high risk of an underlying malignancy [5].

Most patients are often asymptomatic when the tumor is small. With the increase in the size of the lesion, they can experience symptoms and acute complications.

Angiolipomas at the ileal level with intussusception, as seen in this case, are exceptional cases and may require urgent surgical intervention.

Conclusion

Angiolipomas are relatively frequent benign tumors. The most common localization is the subcutaneous tissue and they are rarely found in the gastrointestinal tract, most of them are asymptomatic and found incidentally; where they produce symptoms such as obstruction and bleeding.

Surgical resection remains the treatment of choice and produces an excellent prognosis.

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