

Rare Etiology of Occlusive Syndrome: Intussusception following Lipoma

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ALGERIA



Introduction

- Adult intussusception is a rare cause of intestinal obstruction that differs markedly from the pediatric form. [1]
- It is usually associated with an underlying structural lesion.
- Preoperative diagnosis can be difficult since the clinical picture evolves chronically.
- We report a case of ileocecal intussusception due to a cecal tumor, highlighting the clinical, diagnostic and intraoperative findings.

B M

- Woman; 67-year-old,
- Medical history: HBP, Diabetes
- No family history

Acute intestinal obstruction

● Clinical exam:

Paroxysmal abdominal pain without triggering factors / 15 days

Intense, Diffuse

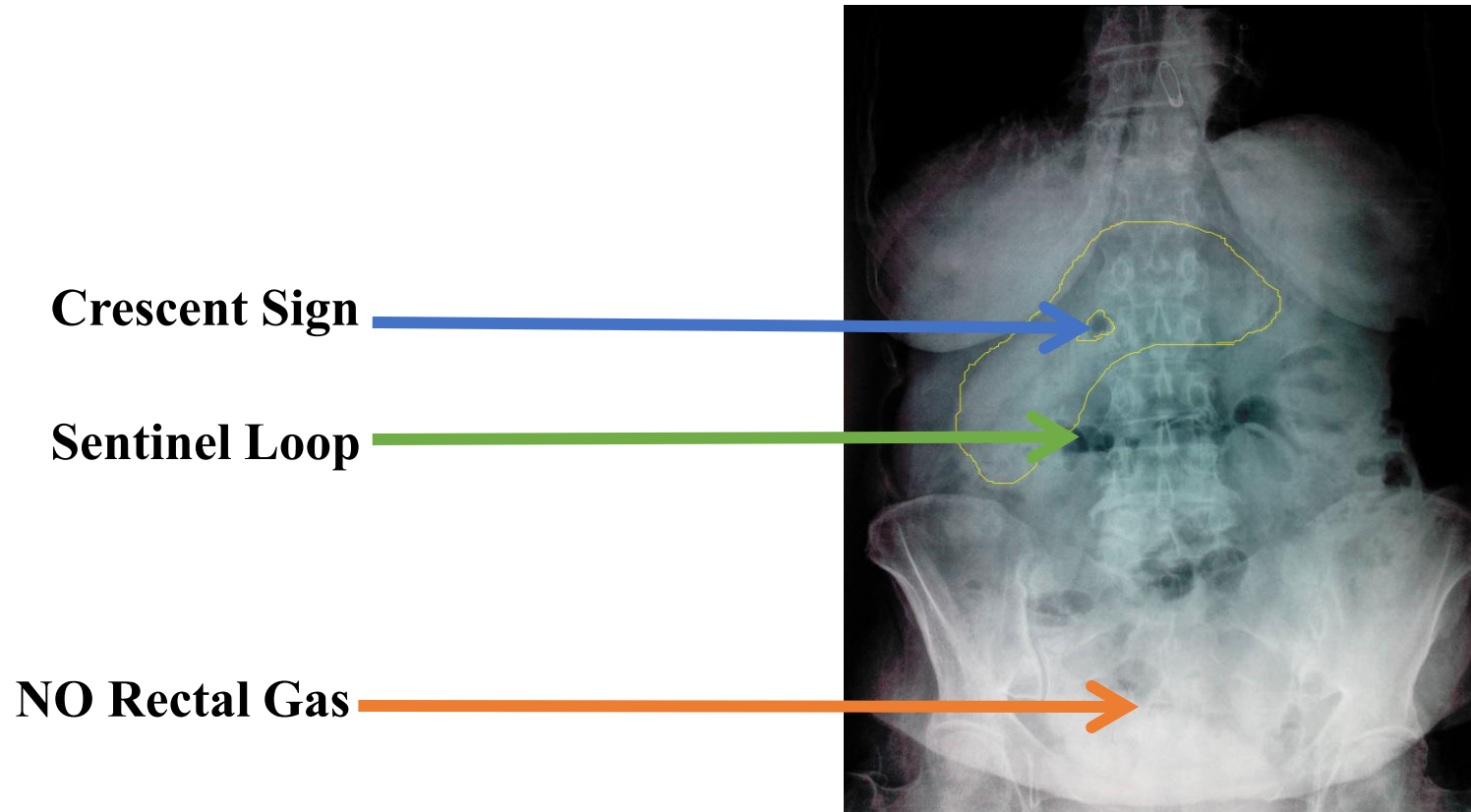
24 H

- Cessation of gas, liquids + Vomiting + Slight distension.
- Palpable mass: Epigastric -- right lumbar region, No hernia.
- Bowel sounds: hypoactive.
- Rectal exam: NL.

● Laboratory tests: WBC: 15500/mm³

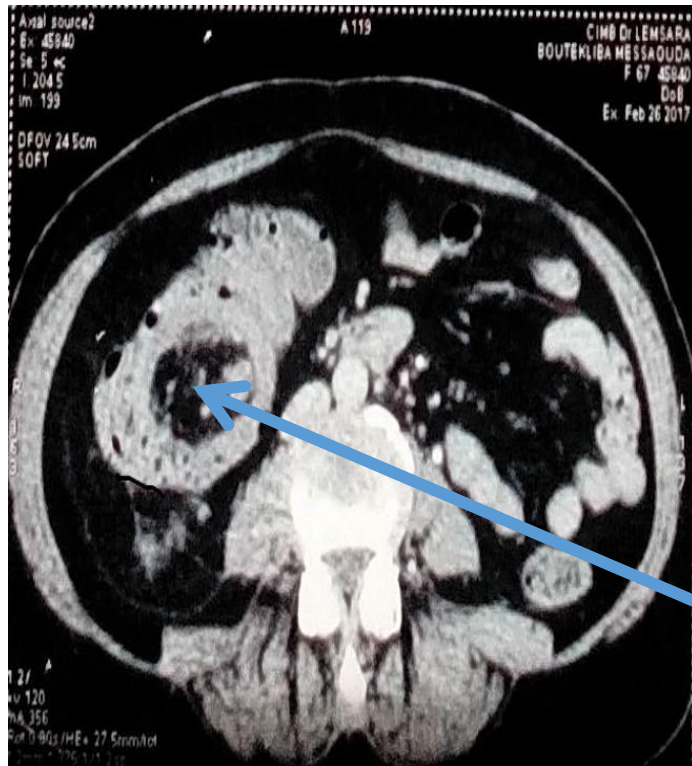
B M

- *Abdominal X-ray*



B M

- *CT scan*



Telescoping of the
ileum into the colon

Target sign



B M

● Treatment: Right Colectomy



Fig. 3: Intraoperative findings

Ascending
Colon

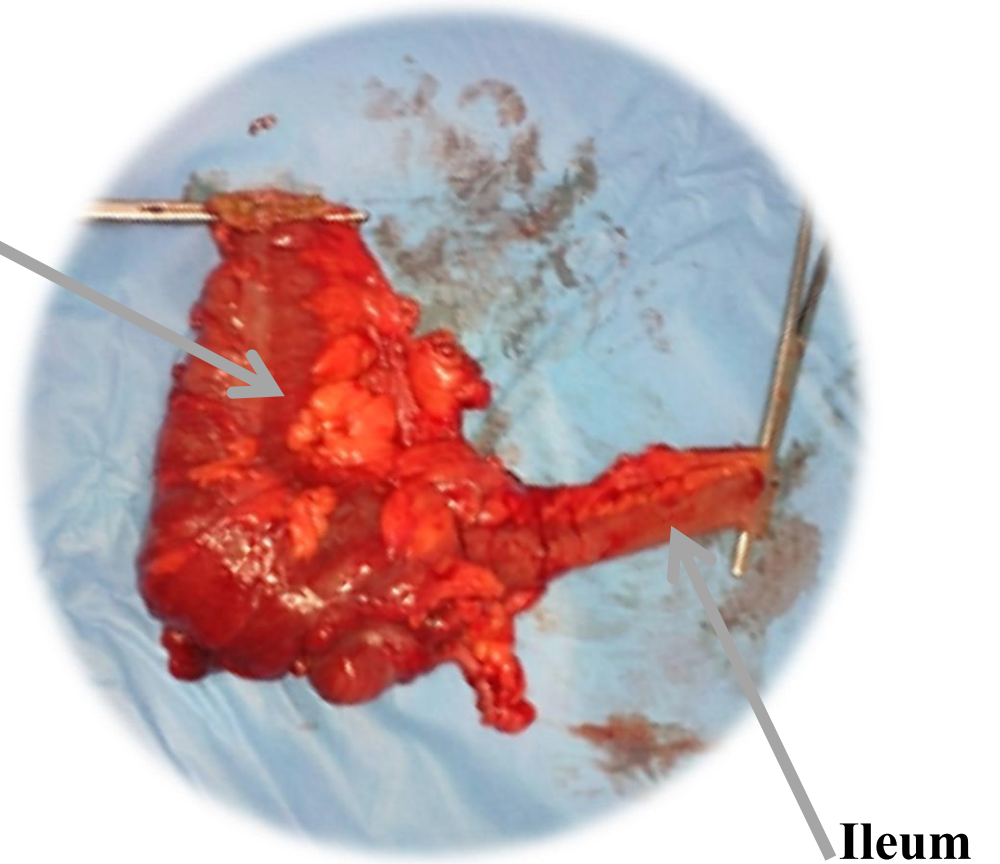


Fig. 4: Resected specimen

B M

- **Histological exam:** a submucosal, sessile colonic lipoma with no evidence of malignancy

- **Follow up:** uneventful

 - Discharged D6

 - NO recurrence

Rare

- 1-5% of intestinal obstructions. [1]
- Lipomas: 2nd most common tumor / adenomas.
- Prevalence: 0.2% - 4.4% [2].
- Right colon: 39.6% [3].

1.Herrera González ME, Raúl Obregón Patiño, Angelita Fernández Carrillo. Intussusception Secondary to Colonic Lipoma in Terminal Ileum in A 48 Year-Old Woman: A Case Report. International Journal of Medical Science and Clinical Research Studies, 2026, 6 (2); 396-400. doi.org/10.47191/ijmscrs/v6-i2-26

2. Ascencio Jaramillo N, Leon Castro SD, Zorrilla Lara Colonic Lipoma Mimicking Gastrointestinal Stromal Tumor: A Case Report of a Diagnosis Pitfall. Cureus. 2025 Sep 17;17(9):e92566. doi: 10.7759/cureus.92566.

3. Schiavone V, Carannante F, Melone G, & al.. Tailoring the Management of Colonic Lipomas: A 10-Year Experience of Surgical and Endoscopic Resection. Journal of Personalized Medicine. 2025; 15(11):544. doi.org/10.3390/jpm15110544



Intestinal Intussusception in Adults: A Systematic Review

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First author	Year	Study type	Country	Patients <i>n</i>	Intussusceptions <i>n</i>	Age (mean)	Men/ women
Dong [11]	2023	Retrospective c.s.	China	88	91	60	58/30
Álvarez-Bautista [12]	2023	Retrospective c.s.	Mexico	28	28	46	9/19
Sun [13]	2022	Retrospective c.s.	China	51	51	58	21/30
Hu [14]	2021	Retrospective c.s.	China	71	91	46	44/27
Dollinger [16]	2021	Retrospective c.s.	Germany	75	103	45	56/19
Duc [17]	2021	Retrospective c.s.	Vietnam	96	99	53	55/41
González-Carrero [18]	2021	Retrospective c.s.	Spain	21	21	57	9/12
Kim [19]	2021	Retrospective c.s.	Republic of Korea	28	28	NA	10/18
Kang [20]	2020	Retrospective c.s.	Republic of Korea	71	78	51	44/27
Siow [21]	2019	Retrospective c.s.	Malaysia	37	37	49	19/18
Kim [22]	2018	Retrospective c.s.	Republic of Korea	77	77	51	38/39
De Clerck [6]	2016	Retrospective c.s.	Belgium	43	43	47	15/28
Honjo [23]	2015	Retrospective c.s.	Japan	44	44	70	20/24
Amr [24]	2015	Retrospective c.s.	USA	318	318	51	134/184
Somma [25]	2014	Retrospective c.s.	Italy	47	47	49	22/25
Varban [26]	2013	Retrospective c.s.	USA	44	44	51	22/22
Cakir [27]	2013	Retrospective c.s.	Turkey	47	47	49	23/24
Lindor [28]	2013	Retrospective c.s.	USA	148	148	51	4/84
Gupta [29]	2013	Retrospective c.s.	India	28	28	51	NA
Gupta [30]	2013	Retrospective c.s.	India	38	38	51	4/14
Gollub [31]	2013	Retrospective c.s.	USA	34	34	51	5/18
Tabrizian [32]	2010	Retrospective c.s.	USA	80	80	45	34/46
Sundaram [33]	2009	Retrospective c.s.	USA	118	136	44	64/54
Yakan [34]	2009	Retrospective c.s.	Turkey	20	20	48	9/11
Wang [35]	2009	Retrospective c.s.	China	39	40	44	17/21
Olasky [36]	2009	Retrospective c.s.	USA	23	23	44	16/7
Ahn [37]	2009	Retrospective c.s.	Republic of Korea	42	42	50	20/22
Chang [38]	2009	Retrospective c.s.	Taiwan	46	46	58	28/18
Tresoldi [39]	2008	Retrospective c.s.	Italy	93	93	49	53/40
Rea [40]	2007	Retrospective c.s.	USA	170	186	41	80/90
Park [41]	2007	Retrospective c.s.	Republic of Korea	24	24	48	14/10
Zubaidi [2]	2006	Retrospective c.s.	Canada	22	22	57	9/13
Maconi [42]	2006	Retrospective + prospective c.s.	Italy	32	33	38	19/13
Goh [43]	2006	Retrospective c.s.	Singapore	60	60	58	34/26
El Fortia [44]	2006	Prospective c.s.	Libya	30	30	35	21/0
Sandrasegaran [45]	2004	Retrospective c.s.	USA	24	26	42	14/10

21%: ileocolic

58%: Caused by a pathological lead point

33%: Benign tumor

How it Happened ?

- Giant lipomas (> 4 cm): Symptomatic.
- 90 % develop from the submucosa layer [1]
- Distortion of colonic wall / luminal obstruction
- Pressure gradient, disrupt NL peristaltic activity
- Pushing affected sg toward adjacent sg

Clues to Diagnosis

● Clinical presentation: [1]

- Paroxysmal abdominal pain
- Bloody diarrhea
- Cessation of gas and matter
- Palpable mass

● Radiology: [2]

- ***Abdominal X-Ray:*** Air-fluid levels, Crescent sign
- ***POCUS :*** Doughnut sign
Pseudokidney sign
- ***CT scan:*** Gold standard,
 - Target sign, Sausage-shaped pattern,
 - Extent of bowel involvement,
 - Signs of ischemia.
 - Lipoma: Fat density, smooth borders



Management Reflections

- Monobloc resection [1]
- Laparoscopy: diagnostically and therapeutically [2]
- Endoscopic removal: sessile lipomas !!! [3]

The definitive diagnosis is obtained through a pathology examination, which confirms the absence of malignancy.

1. Popoiu T.A, Grigorescu C.C, Selaru M. Adult Colonic Intussusception: A Focused Review of Diagnostic and Management Strategies. Medicina 2026, 62, 747 <https://doi.org/10.3390/medicina62040747>.

2. Siow SL, Goo ZQ, Mahendran HA, Wong CM. Laparoscopic versus open management of adult intussusception. Surg Endosc. 2020;34: 4429-4435. DOI: 10.1007/s00464-019-07220-z

3. Bacha D, Kammoun N, Mallek I, & al. Pedunculated colonic lipoma causing adult colo-colic intussusception: A case report and literature review. Int J Surg Case Rep. 2024 Oct;123:110242. doi: 10.1016/j.ijscr.2024.110242

Management Reflections



Journal of
Personalized Medicine



Article

Tailoring the Management of Colonic Lipomas: A 10-Year Experience of Surgical and Endoscopic Resection

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Case 1	M	71	colonoscopy	3 cm	sigma	Surgical	0
Case 2	M	51	colonoscopy	3.5 cm	sigma	Endoscopic	0
Case 3	M	74	colonoscopy	1.2 cm	ascending colon	Endoscopic	0
Case 4	F	51	TC-colonoscopy	6 cm	descending colon	Surgical	1
Case 5	F	72	colonoscopy	2.2 cm	ascending colon	Endoscopic	0
Case 6	M	61	TC-RMN- colonoscopy	5 cm	sigma	Surgical	0
Case 7	F	60	colonoscopy	5.5 cm	transverse colon	Endoscopic	0
Case 8	F	65	colonoscopy	0.2 cm	transverse colon	Endoscopic	0
Case 9	M	84		4.5 cm	ascending colon	Surgical	0
Case 10	F	72	colonoscopy	3 cm	transverse colon	Surgical	0
Case 11	M	72	colonoscopy	1.5 cm	sigma	Endoscopic	0
Case 12	F	71	colonoscopy	1.3 cm	ascending colon	Endoscopic	0
Case 13	M	56	colonoscopy	0.5 cm	sigma	Endoscopic	0
Case 14	F	80		2 cm		Surgical	0
Case 15	M	86		1.3 cm	ascending colon	Surgical	0
Case 16	M	51	colonoscopy	0.07 cm	descending colon	Endoscopic	0
Case 17	F	74	colonoscopy	3 cm	ascending colon	Endoscopic	0
Case 18	F	44	TC-colonoscopy	5.5 cm	transverse colon	Surgical	0

Outcomes / Follow up

- **Recurrence:** in the reduction-only group [1]

- **Mortality:**
 - Bowel ischemia, necrosis,
 - Peritonitis, sepsis
 - Deterioration in general condition.

Conclusion

- Intussusception is an uncommon condition in adults, causing intestinal obstruction.
 - The causes can be benign or malignant;
 - Colonic lipoma is a rare entity.
 - Diagnosis often relies on CT scan.
- There are no formal guidelines or protocols regarding the appropriate surgical approach.