# Laparoscopic Low Anterior Resection of Bleeding Giant Rectal Lipoma

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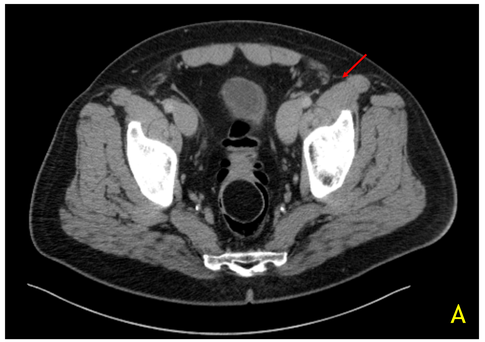
## INTRODUCTION

Colonic lipoma are rare benign tumors that can arise from the adipose tissue. These lipomas are usually asymptomatic, and are incidentally found during colonoscopy, surgery, or autopsy. The reported incidence of colonic lipomas varies between 0.2% to 4.4%. Studies have also shown that these lesions usually arise in the right colon. Symptomatology can be similar to that of a malignant tumor, as these colonic lipomas can cause bleeding, obstruction, and even intussusception. Here we describe a case of this rare tumor, in which a large rectal lipoma that presented with bleeding and ulceration was subsequently resected via laparoscopic low anterior resection.

## CASE REPORT

A 63-year-old man with prostate cancer presented to a large academic center with intermittent bleeding from the rectum of 5-month duration. Colonoscopy found a large, 5 centimeter spherical rectosigmoid lesion, and biopsies demonstrated ulceration with granulation tissue. Given concern for malignancy, the patient was referred to Colorectal Surgery and sent for Computed Tomography (CT) imaging of the chest, abdomen, and pelvis. CT imaging demonstrated no findings concerning for metastatic disease, but did demonstrate a large fatty mass causing intussusception at the rectosigmoid junction. The patient then underwent laparoscopic low anterior resection. During the operation, the mass was easily visible secondary to endoscopic tattoo and the size of the mass, and noted to be in the mid-rectum. This was successfully resected, and the patient recovered well. Final pathology demonstrated a completely excised benign lipoma totaling 5.0 centimeter in greatest diameter, with overlying granulation tissue and focally ulcerated colonic mucosa.

## IMAGING



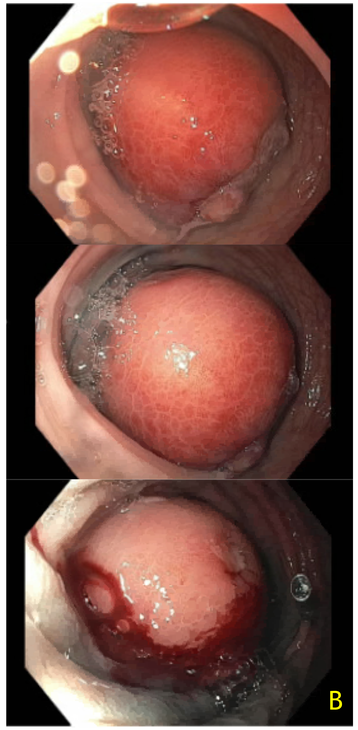



**Figure A.** CT imaging of rectal lipoma

**Figure B.** Rectal lipoma on sigmoidoscopy

**Figure C.** Surgical specimen of rectal lipoma

**Figure D.** Bisected surgical specimen, demonstrating rectal lipoma

## DISCUSSION

Colorectal lipomas are a rare entity and much is unknown regarding their etiology and optimal management.

The body of literature on colorectal lipomas is scant, and consists primarily of case studies. There are even fewer documented cases of rectal lipomas. A variety of management options for rectal lipomas have been discussed in the literature, and include open, laparoscopic, and endoscopic or transanal minimally invasive surgery (TAMIS) resection.

In our patient, TAMIS was unable to be performed due to location of the lesion, and endoscopic resection has been noted to have higher risk of perforation in lesions larger than 2cm, making a surgical resection the best option.

Ultimately, the ideal management of rectal lipomas is determined by the size and location of the lesion, as well as resources available. This case demonstrates that laparoscopic low anterior resection is safe and effective treatment for large symptomatic rectal lipomas.

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