Combined Endoscopic and Laparoscopic Management of Colocolonic Intussusception: A Case Report

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Introduction:

This case illustrates the utility of a combined endoscopic and laparoscopic approach for a rare cause of colocolic intussusception.

Case Report:

A healthy 42-year-old male presented to the emergency room with a one-month history of intermittent constipation, "colicky" left lower quadrant pain, and occasional bright red blood per rectum. He was hemodynamically stable with a distended, mildly tender abdomen. A CT abdomen/pelvis with contrast confirmed a colocolic intussusception with a moderately sized (3 x 3.2 x 3.6) lipoleiomyoma as a lead point in the mid descending colon (Figure 1). A colonoscopy was performed the same day with reduction of the intussusception caused by a broad-based submucosal tumor (Figure 2). A limited laparoscopic left hemicolectomy was subsequently performed (Figure 3). There were no complications and the patient was discharged on postop day 3. Final pathology demonstrated a submucosal lipoma measuring 3.2 X 3.0 X 1.8 cm.



Figure 1: Sagittal view of the intussusception at the proximal sigmoid colon.

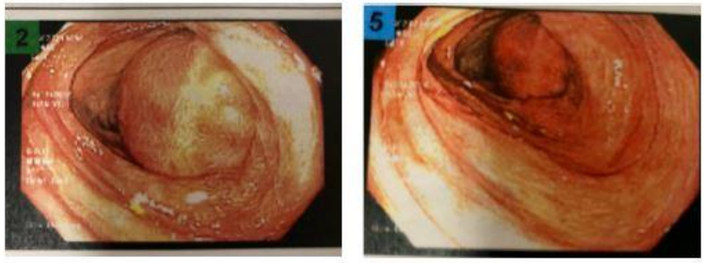


Figure 2. Endoscopic views of a smooth spherical lipoma at the distal sigmoid junction acting as a lead point for an intussusception.

Discussion:

This case is unusual in many ways. Firstly, lipomas causing a colocolonic intussusception tend to occur in either the right colon or cecum, not the left colon. They also tend to occur in older patients and cause symptoms only if larger than 4 cm. Further, reduction of the intussusception with a colonoscope has been rarely reported. There is only one case report of an attempted colonoscopic reduction of a sigmoid lipoma which was unsuccessful. Early reduction of a left sided lesion is helpful as it allows for an elective procedure and minimizes the chances of an ostomy. While endoscopic resection of large lipomas has been described, this was not attempted given the uncertainty of the diagnosis and the broad base of the tumor.



Figure 3. Resected bowel specimen demonstrating a large submucosal lipoma in the proximal sigmoid colon with an area of necrosis.

Conclusion:

We present a rare case of colocolonic intussusception secondary to lipoma. Endoscopic reduction should be considered followed by either endoscopic or surgical resection of symptomatic lipomas.

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