Giant Rectal Lipoma Treated By TEM: Report Of A Case

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Abstract

Lipoma of the large intestine is a relatively uncommon finding in clinical practice. Most lipomas remain silent and are found coincidentally. However, lipomas larger than 2 cm could lead to a variety of symptoms. In this case report we describe a patient with a giant rectal lipoma who was suffering from constipation, changed bowel habits and uncomfortable passage sensations during defecation. Consequently, the lipoma was removed by transanal endoscopic microsurgery. To our knowledge, removal of a rectal lipoma by TEM has never been described in literature. Presenting this case we add another patient with a rectal lipoma to the small number of cases described in literature. Furthermore, we state that TEM could be an appropriate therapy for the treatment of a rectal lipoma.

KEYWORDS: rectum, therapy, TEM, surgery
Introduction

Lipoma of the large intestine is a relatively uncommon entity in clinical practice. Most lipomas are found coincidentally during endoscopy or surgery. Lipomas smaller than 2 cm usually remain silent whereas larger lesions can produce a variety of symptoms. Small lesions are most commonly diagnosed during endoscopy and subsequently treated. For larger lesions the treatment of choice is surgery. TEM (Transanal Endoscopic Microsurgery, Richard Wolf Medical Instruments Corporation U.S.) has never been described as a therapeutic option for rectal lipoma. We report on a patient with a giant rectal lipoma who was successfully treated by TEM.

Case report

A 72-year-old man with the past medical history of atrial fibrillation and thyroiditis was referred to our hospital. He suffered from constipation and changed bowel habits. Furthermore, he had the sensation of something passing through the anus during defecation. The referring clinic performed endoscopy which revealed a yellowish tumour at 10cm from the anal verge. (Fig 1.) Additionally, MR imaging and CT-colography confirmed a bulging mass located between the rectum and the prostate. Endoscopic ultrasonography disclosed extension into the rectal wall.

A transanal endoscopic microsurgery (TEM) procedure was performed in our clinic and a weak yellowish mass was successfully removed. (Fig 2.) Its measurements were 6.2 x 5.3 x 3.8 cm. Histological examination confirmed the diagnosis of a lipoma. One day after the procedure the patient was discharged in good health. At the follow-up visits up to 4 months after the procedure, the patient was free of rectal complaints.

Discussion

In this case report we present the rare finding of a rectal lipoma. Autopic studies have shown an incidence ranging from 0.35 – 4.4 %. (1) However, most colonic lipomas remain silent and do not produce symptoms. Lipomas exceeding the size of 2 cm in diameter can produce symptoms including bleeding, constipation, abdominal pain, changing bowel habits, intestinal obstruction or intussusception of the mass. (2;3)

Lesions smaller than 2 cm in size are usually asymptomatic. These polyps are usually found coincidentally by endoscopy and subsequently treated. (4;5) Larger lesions are clinically more challenging since they may mimic malignant irregularities. Although less specific, imaging can also contribute to a preoperative diagnosis. In acute patients, computed tomography or
magnetic imaging seemed to be the preferred diagnostic tool since these imaging findings appear to be both sensitive and specific. (6) Less specifically, barium and water enemas give rise to filling defects suggesting an intraluminal lesion. Ascending colon and sigmoid colon are the most common sites for the colonic lipoma. (7) Rectal lipomas are relatively rare, with only 9 cases described in literature (8;9). Treatment of lesion smaller than 2 cm is usually done by endoscopic snare resection. Endoscopic resection of larger lesions is associated with higher risks of perforation, although some successful procedures are described. (4;10) Jiang et al. concluded that the surgical removal of the lipoma is indicated in the following cases: (1) Lipoma with a diameter of more than 4 cm, with a sessile appearance or limited pedicle; (2) Unclear preoperative diagnosis; (3) Lesions with significant symptoms, especially the appearance of intussusception; (4) Involvement of the muscular layer or serosa, and (5) Lesion can not be resected radically under colonoscopy. (7) To our knowledge, treatment of a rectal lipoma by TEM has never been described. In this report, we add another patient diagnosed with a rectal lipoma to the small number described in literature. Moreover, we state that TEM can be an appropriate treatment for the removal of a rectal lipoma. However, the procedure should be performed by an experienced surgeon, especially concerning larger lesions as these are technically more demanding.

Figures

Figure 1. Transanal protruding mass
Figure 2. Local resection of the rectal lipoma by TEM

References


