Lipoma of the Colon:
Report of Three Cases*
J. ABU-DALu, M.D., I. URCA, M.D.
Surgical Department B, Beilinson Hospital, Petach Tiqwa; Medical School, University of Tel Aviv, Tel Aviv, Israel

LIPOMA of the colon is a benign lesion, sometimes found incidentally during abdominal exploration. It is often without symptoms, but when symptoms appear they include abdominal pain, incomplete obstruction, rectal bleeding and (rarely) signs of intussusception, change in bowel habits with constipation or alternating diarrhea and constipation, anemia, and a palpable abdominal mass. The purpose of this paper is to present three cases of lipoma of the colon with unusual symptoms.

Report of Cases

Patient 1: A 50-year-old woman was admitted to the hospital because of prolapse of the rectum which had had its onset three years before. She complained of constipation for six months preceding admission. Physical examination revealed no signs other than prolapse of the rectal mucosa upon straining. Hemoglobin was 10.6 g/100 ml, leukocyte count, 7,700; erythrocyte sedimentation rate, blood urea, electrolytes, and liver function tests were normal; urine was normal; electrocardiogram and chest x-rays disclosed no abnormalities.

At rectoscopy a pedunculated mass, 3 by 3 cm, was found 15 cm deep in the rectum and was removed. Barium-enema studies after removal of the mass disclosed no abnormalities. Histologic examination showed that the tumor was a lipoma. The prolapse disappeared completely. Follow-up studies for more than ten years have shown no recurrence.

Patient 2: A 68-year-old man was admitted to the hospital because of abdominal pain, change in bowel habits, and loss of weight. He had had renal calculi at the age of 40 years; at that time, latent diabetes had also been found. Physical examination disclosed no abnormalities. Hemoglobin was 11.2 g/100 ml; leukocyte count, 10,500, with a normal differential; erythrocyte sedimentation rate, 75/91; glucose 186-313 mg/100 ml; urea, 30 mg/100 ml; liver function tests were normal; urine, normal. Electrocardiogram and chest x-rays disclosed no abnormalities. Barium-enema studies revealed a space-occupying lesion, 2 by 2 cm, in the transverse colon (Figs. 2, 3).

At laparotomy, a rounded mass, 5 by 5 cm, causing intussusception, was felt in the colon. Partial resection of the transverse colon together with the tumor was carried out. Pathologic examination showed a single stone in the gallbladder. Barium-enema studies showed complete stoppage of the barium in the transverse colon, with evidence of intussusception (Figs. 2, 3).

The patient was operated upon. At laparotomy, a rounded mass, 5 by 5 cm, causing intussusception, was felt in the colon. Partial resection of the transverse colon together with the tumor was carried out. Pathologic examination showed a lipoma. At follow-up examinations the patient felt well. There were no signs or symptoms of “colitis.”

Discussion

Incidence: The incidence of lipoma of the colon has been reported from autopsy studies to be as low as 0.035 per cent5 and as high as 4.4 per cent.14

Age and Sex: Lipomas have usually been reported to be 1 1/2 to 2 times more common in women and to occur most often in the fifth and sixth decades of life. The age range of patients is 20.7 to 54 years; in our patients, two women and a man, ages ranged from 42 to 68 years.

Symptoms: The incidence and severity of symptoms vary according to different authors. Derocque and Derocque3 estimated that 91 per cent of the patients are symptomatic. Browne and McHardy1 and Pack

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and Booher also report that most lipomas produce symptoms. This opinion seems to be based on the complications described in case reports by Comfort and Stetten, whose figures might be expected to be higher than those of autopsy studies. Palazzo reported symptoms in only 11 of his 20 cases. Long, Dockerty, and Waugh noted that 25 of 33 surgically-removed lipomas had caused symptoms. They found 69 additional lipomas among patients in the Mayo Clinic autopsy records, but no mention was made of abdominal symptoms in these patients.

Stout reviewed his hospital’s clinical and postmortem pathology records and found that 26 of 42 patients had symptoms. Weinberg and Feldman concluded that relatively few lipomas produce symptoms. They based their conclusions on the rarity of clinical cases compared with an autopsy incidence as high as 4.4 per cent, and suggested that the presence of symptoms is probably related to the size of the lipoma: small lipomas produce no symptoms, while lesions more than 2 cm in diameter may cause mechanical obstruction. The most common symptoms were pain, rectal bleeding, diarrhea, constipation, flatulence, and eructation. Sometimes a palpable mass was also found.

Some of the above-mentioned symptoms were found in our patients; it is perhaps worthwhile to note that in one patient the presenting sign was prolapse of the rectum.