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## Abdominal Pain Caused by Intestinal Lipoma

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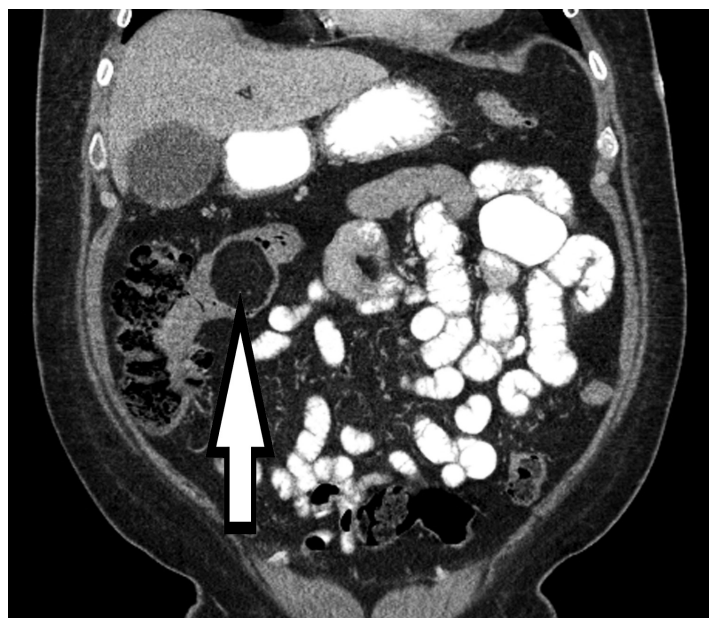
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**Figure 1.** Coronal computed tomography image of the patient's abdomen and pelvis demonstrating the intestinal lipoma (arrow) and the subsequent ileocecal intussusception (left of arrow).

A 60-year-old male presented to the emergency department (ED) with 24 hours of progressive abdominal pain associated with nausea and vomiting. His physical exam revealed a soft but somewhat distended and tender abdomen, particularly over the mid abdomen and right upper quadrant. Plain radiography was concerning for bowel obstruction. Computed tomography revealed an ileocecal intussusception secondary to an intestinal lipoma as the cause of the obstruction (Figure). Diagnosis was confirmed in the operating room where he underwent

laparotomy with excision of the mass via hemicolectomy.

Intestinal lipomas are rare, benign neoplasms, representing 2.6% of all non-malignant tumors of the intestinal tract and typically found on the right side of the colon.<sup>1,2</sup> Colonic lipomas cause symptoms in less than 25% of patients, usually when the tumor grows to greater than 2 cm in diameter.<sup>2</sup> These symptoms are typically vague, but lipomas have been known to cause bowel obstructions secondary to intussusceptions. Adult intussusception accounts for about two percent of bowel obstructions and constitutes approximately 5% of all intussusceptions.<sup>3</sup> In contrast to children, more than 90% of adult intussusceptions have a demonstrable cause with 60% due to a neoplasm or other mass at least 5 cm in diameter.<sup>2</sup> Colonic lipomas are often easily recognized on abdominal CT. Segmental colon resection is often required for symptomatic lipomas, particularly those greater than 2 cm and when malignancy cannot be ruled out.<sup>2</sup>

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