



## Case Report – A Rare Presentation of Ano-Rectal Submucosal Lipoma

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### ABSTRACT

*Lipoma is a slowly growing, benign tumour composed of fatty cell mass. It is encapsulated in most of the cases and diffuse in other cases. It occurs anywhere in the body and is also known as universal (ubiquitous) tumour. Here we are presenting a case of lipoma occurring in the submucosa of ano-rectal region causing chronic constipation presenting as acute on chronic fissure in ano.*

### KEYWORDS :

#### Case report:

30yrs old female coming from Poonamalle, Chennai, Tamilnadu was admitted in our hospital on 21/7/2015 with complains of pain while passing stools on and off, for one year and not passed stools for 3 days.

History of difficulty in defaecation present. No history of bleeding Per Rectum. Patient is not a known case of Diabetic mellitus, Hypertension or Tuberculosis.

**On examination:** Patient afebrile. Pulse rate 76/min.

- BP -120/80. Patient normally nourished.
- Cardio vascular system – Normal
- Respiratory system – Normal
- Per Abdomen – Soft, no tenderness, no organomegaly.

**Per Rectal Examination:** Posterior fissure in ano present  
Constipated faecal matter present. Severe sphincteric spasm present.

#### Diagnosis :

- Acute on chronic fissure in ano.
- Patient planned for surgical treatment.
- Patient : investigated and the reports are as follows

**Hb:** 12.4gm% Total count -10800 cells/cm Differential count : P-53%, L-43%, E-4%, ESR-12mm/hr Blood sugar -89mg,Urea -26mg, Creatinine – 0.6mg Bleeding time -2'30" Clotting time -4'00 Blood group B+ve Liver function test: Bilirubin total 0.7mg/dl, Bilirubin direct -0.4mg/dl, Bilirubin indirect -0.3mg/dl,SGOT(AST) -18u/L SGPT(ALT) -23u/L ALP -85u/L Total protein – 6.9gms/dl Albumin -3.5gms/dl Globulin – 3.4gms/dl A/G Ratio -1.0 Serology: HIV – non reactive, HBsAg for Hepatitis B – Negative, Urine routine : Albumin – Nil,Sugar – Nil, Deposites – NIL, X-ray chest and ECG – Normal study.

Thyroid function test: T3(TOTAL) – 87.15ng/dl, T4(TOTAL) – 5.56 Microgram/dl, TSH – 3.440mlu/ml

Ultrasonogram of Abdomen and pelvis: Normal study of solid of intra Abdominal organs and Pelvis





On 29/7/15 patient was taken up for surgery. Previous to surgery b.i.d Proctoclys enema was given.

Under spinal anaesthesia, patient in lithotomy position, Maximal anal dilatation done. PR AND PROCTOSCOPY DONE. A soft mass arising from anorectal junction delivered outside, apart from posterior fissure in ano. It is about 3X2.5X2cms. It appeared to be in submucosal plane. Excision of the submucosal lipoma carried out after applying haemostatic sutures with 2-0 vicryl. Lateral sphincterotomy done. Wound packed with xylocaine and betadine gauze and T-BANDAGE applied. POST OPERATIVELY patient was managed with iv antibiotics and iv fluids. Post operative period was uneventful.



**HISTOPATHOLOGY REPORT: VIDE-LAB NO-2571\15**

GROSS FINDING:- Single greyish yellow soft mass measuring 3X2.5X2cms. Capsule present. Cut section- yellowish grey. MICRO-

SCOPIC FEATURE:- Section shows parts of an encapsulated benign tumour composed of lobules of matured adipose tissue, with scattered short fibrous septae with small capillaries in between.

**IMPRESSION:-** Lipoma from anorectal region

Patient came for review and comfortable with no pain during defecation or constipation.

**DISCUSSION:-**

LIPOMA, known as universal tumour has occurred in this patient at anorectal region submucosal plane measuring 3X2.5X2cms. Projecting into the lumen of the anorectal region causing obstructive chronic constipation. This chronic constipation scybulous, fecal matter resulting in chronic fissure in ano. On admission the patient presented as acute fissure in ano with severe sphincteric spasm with purulent discharge. PER RECTAL EXAMINATION: Since the patient had severe sphincteric spasm the mass was not felt preoperatively. Only fecal matter was felt. After b.i.d enema, under spinal anaesthesia patient in lithotomy position maximal anal dilatation was done as for fissure in ano. Per rectal digital examination of the rectum revealed a soft mass in the anorectal region which projected into the lumen and delivered outside. IT WAS FOUND TO BE AT SUBMUCOSAL PLANE. Excision in toto was carried out after applying haemostatic sutures with 2-0 vicryl. Lateral sphincterotomy done as for fissure in ano.

**CONCLUSION:**

This case is reported for the rarity of presentation of submucosal lipoma in anorectal region, which caused and presented as chronic fissure in ano.

PATIENT UNDERWENT COLONOSCOPY TWO WEEKS AFTER PROCEDURE AND NO PROXIMAL POLYPS OR SUBMUCOSAL LIPOMATOUS LESION FOUND OUT. PATIENT HAS RECOVERED AND DOING WELL ON A ONE MONTH POST OPERATIVE REVIEW.

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