Original Research Paper

Volume - 13 | Issue - 04 | April - 2023 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

General Surgery

A RARE CASE OF ACUTE ABDOMEN - TORSION OF OMENTAL LIPOMA

Dr. Shaik Sajan Basha*	MS Gen Surgery Post Graduate*Corresponding Author
Dr. S. Zuveriya Zasreen	MS Gen Surgery Post Graduate
Dr. G. V. G Mahesh	Professor , Dept Of General Surgery

KEYWORDS :

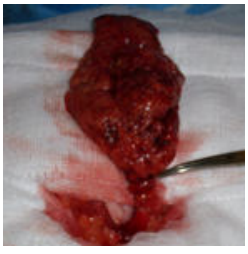
AIM : presenting a rare case of acute abdomen - torsion of omental lipoma

INTRODUCTION :

Lipoma is a most common capsulated benign connective tissue tumour in our body but rarely at ometum. Any twist in the omental lipoma leads to acute abdominal pain. There are very few reported cases of torsion of ometal lipoma. As it is having non specific signs and symptoms, became challenging. Long term behaviour is not known, because of less published reports, and it's an differential diagnosis for intra abdominal mass. Definitive management is surgical removal, irrespective of size and being encapsulated with lack of infiltration to surrounding structures.

METHODS :

An 11 yr old girl came with complaints of pain abdomen from past 2 days. It's sudden in onset and gradually progressive in nature, no aggregating and relieving factors, dragging type of pain, initially around the umbilicus and later shifted to left lower quadrant. No history of fever, vomiting, burning micturation. No similar complaints in past. On examination abdomen is flat, left lower quadrant moves relatively less with respiration. No warmth and tenderness, guarding positive , rigidity and rovsing sign negative, usg abdomen shows features of left adnexal mass, CT abdomen shows fat density lesion in the left adnexa with adjacent inflammation - possibility of torsed left ovarian dermoid. We handed the case to the OBGY dept and they planned for laparotomy. Intraoperatively they found ovaries and fallopian tubes appear normal and found mass arising from the omentum attached to the anterior abdominal wall and called us for general surgeon opinion. On intraoperative evaluation, 6×4 cm mass arising from the tip of the omentum which was attached to anterior abdominal wall. Mass from the anterior abdominal wall was dissected through blunt dissection followed by excision of the mass with partial omentectomy. histopathological report turns to be pedunculated lipoma with changes of torsion and panniculitis.



RESULTS : post operatively, the patient was on regular medication and follow up. There are no complaints following the surgery.

CONCLUSION :

This is a case of omental torsion caused by lipoma in 11 yr old girl. Primary tumours of greater omentum are rare and especially with children very few cases reported so far, but with varied pathology. Greater omental tumours originates from constituents of fat, blood and lymph vessels and present as leiomyoma, leiomyosarcoma, fibroma, fibrosarcoma, hemangiopericytoma, lipoma, liposarcoma and mesothelioma. Surgery is the mainstay of treatment for omental lipomas, intra peritoneal lipomas, particularly lipoma of greater ometum are easily removed. Rate of recurrence after excision is <5%. We decide to perform tumour excision and partial omentectomy because of the torsion of the omentum..

REFERENCES :

1. Wolko JD, Rosenfeld DL, Lazar MJ, et al. Torsion of a giant mesenteric lipoma. Pediatr Radiol. 2003;33:34–36.
2. Beattie GC, Irwin ST. Torsion of an omental lipoma presenting as an emergency. Int J Clin Pract. 2005;147:130–31.
3. Farmlett EJ, Fishman EK, Jones B, Siegelman SS. Case report. Torsion of lipoma of appendix epiploica: CT evaluation. J Comput Assist Tomogr. 1985;9:36
4. Di B, Enedetto G, Aquinati A, et al. Giant compressing lipoma of the thigh. Plast Reconstr Surg. 2004;114:1983–85.
5. Ferraro GA, Salzillo R, De Francesco F, et al. Approach and management of a giant lipoma in the left lumbar region. Int J Surg Case Rep. 2015;14:189–93.
6. Kshirsagar AY, Nangare NR, Gupta V, et al. Multiple giant intra abdominal lipomas: A rare presentation. Int J Surg Case Rep. 2014;5:399–402.