



ANGIOLIPOMA - TUMOR LEAD POINT IN ADULT ILEOILEAL INTUSSUSCEPTION

Pathology

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ABSTRACT

Intussusception represents abnormal telescoping of the bowel into the lumen of an adjacent segment, leading to obstruction. Angiolipoma is a benign tumor, commonly occurring in subcutaneous tissue and is rarely found in the gastrointestinal tract. This is an interesting case of ileoileal intussusception in an adult patient secondary to small intestinal angiolipoma.

KEYWORDS

Intussusception, angiolipoma, ileoileal

INTRODUCTION

Intussusception is rare in adults and more common in pediatric population. Adult intussusception is commonly associated with an organic aetiology, most likely a neoplasm as a lead point of intussusception. Angiolipomas are benign adipose tissue lesions and exhibit prominent vascularity. Angiolipomas of the small intestine are extremely rare with only few reported cases. We describe a case of a 31 year old man with subacute intestinal obstruction due to ileoileal intussusception secondary to polypoidal submucosal angiolipoma, illustrating an atypical clinical presentation of an unusual benign lesion.

Case Report

A 31 year old male presented to our institution with a 4 day history of colicky abdominal pain. He also experienced on and off dull abdominal pain for 6 months.

On examination, tenderness was noted in the left iliac fossa.

Abdominal ultrasound showed bowel in bowel appearance suggesting intussusception. There was no free fluid in the abdomen. These findings were confirmed on CECT abdomen.

Patient underwent an exploratory laparotomy.

Intraoperatively, ileoileal intussusception 30cm proximal to ileocaecal junction was found with a tumor as the leading point. The intussusception was resected and an end to end anastomosis was performed.

Examination of the resected bowel segment revealed polypoidal lesion measuring 3.5x2.5cm. Surface of the polyp was smooth. Cut surface was fleshy homogenous with admixed fat beneath the mucosa (Figure 1)



Figure 1 Cut surface of small bowel, showing pedunculated polypoidal lesion

Microscopically, the lesions were composed of mature adipose tissue in lobules with many small thin walled capillaries; some of which contained fibrin thrombi embedded within the septae. Overlying mucosa showed congestion and serosa showed prominent vessels. Attached mesentery showed presence of reactive lymph node. These findings were those of an angiolipoma (Figure 2 and 3).

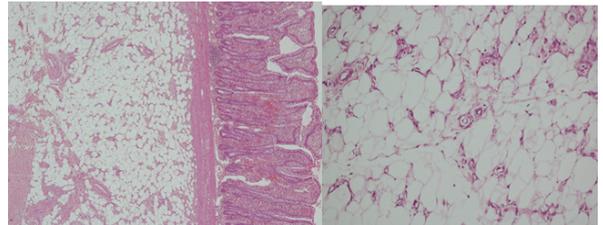


Figure 2 Photomicrograph showing adipose tissue and congested overlying mucosa.

Figure 3 High power view showing mature adipose tissue with vessels embedded within septae.

DISCUSSION

Angiolipomas are benign neoplasms composed of mature adipose tissue and small thin-walled capillaries. The presence of numerous thin-walled capillaries differentiates an angiolipoma from a lipoma. Clinically, angiolipomas are multiple and commonly identified in a subcutaneous location on the upper extremities and trunk of young patients. Approximately half of these lesions are painful, another distinguishing feature from lipomas, which are painless¹. Angiolipomas of the gastrointestinal tract (GIT) are extremely rare, whereas lipomas are the most common benign mesenchymal neoplasms of the GIT. Cases of angiolipomas have been reported in the literature, but only few have occurrence in the small intestine. Of these, almost half of the cases have been associated with intussusception^{2,3}. Angiolipomas of the GIT have similar histopathological features to angiolipomas located in subcutaneous soft tissue.

Cramping abdominal pain is the most common symptom in adult patients intussusception. Other common symptoms include nausea, vomiting and abdominal distension, which are associated with partial obstruction. Less than 20% of patients have initial presentation of an acute abdomen⁴. Ninety percent of adult cases have an organic aetiology as a lead point of intussusception⁵. A neoplastic process represents the cause of intussusception in approximately two-thirds of these cases. The neoplasm could be either benign or malignant. Most common benign lesions associated with intussusception are lipomas, Peutz-Jeghers and adenomatous polyps. Non-neoplastic causes of intussusception include anatomic anomalies like Meckel's diverticulum, adhesions secondary to previous surgeries and inflammatory conditions such as Crohn's disease and celiac disease^{4,5}.

CONCLUSION

Angiolipoma is a benign tumor, commonly occurring in subcutaneous tissue and rare in gastrointestinal tract. Focus should be on having the correct diagnosis, pre and intra operative to have the best therapeutic option.

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