

# Prolapsed Rectal Lipoma Through the Anus: A Rare Case

## Anüsden Rektal Lipom Prolapsusu: Nadir Bir Vaka

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**ABSTRACT** The rectal lipoma prolapse through the anus is a rare event. Only a few cases are reported in the literature. An 81-year-old women patient was admitted to the emergency department with a complaint of swelling in the anus. Rectal examination revealed a hyperemic, edematous mass protruding from the anal canal, measuring 80×80×50 mm. The patient was hospitalized and operated under general anesthesia. No complications developed, and the patient was discharged on the first postoperative day. Histopathological diagnosis was identified as lipoma. Such lipomas can be confused with external rectal prolapse, rectoanal polyps with pedicles, and thrombosed hemorrhoids. Colonoscopy, CT, and CT colonography are the most important diagnostic tools for these cases. Lipomas are treated by endoscopic, laparoscopic, or open surgical interventions according to their size and localization.

**ÖZET** Anüsden rektal lipom prolapsusu nadir görülen bir durumdur. Literatürde sadece birkaç vaka bildirilmiştir. 81 yaşında kadın hasta anüste şişlik ile acil servise başvurdu. Rektal muayenede anal kanaldan prolabe olan 80×80×50 mm boyutunda hiperemik, ödemli kitle saptandı. Hastaneye yatırılarak genel anestezi altında ameliyata alındı. Herhangi bir komplikasyon gelişmedi ve hasta postoperatif birinci gün taburcu edildi. Histopatolojik tanı lipom olarak tanımlandı. Bu tür lipomlar, dış rektal prolapsus, pediküllü rektoanal polipler ve tromboze hemoroidlerle karıştırılabilir. Kolonoskopi, BT ve BT kolonografi bu vakaların en önemli tanı araçlarıdır. Lipomlar büyüklüklerine ve lokalizasyonlarına göre endoskopik, laparoskopik veya açık cerrahi müdahalelerle tedavi edilirler.

**Keywords:** Lipoma; colonrectal; prolapsed rectal lipoma

**Anahtar Kelimeler:** Lipom; kolon-rektum; prolabe rektal lipom

Colon lipomas are rare non-epithelial mesenchymal benign tumors of the gastrointestinal tract and can develop anywhere in the gastrointestinal tract. Lipomas generally occur in the ascending colon (65%). Lipomas are benign tumors of the colon, most commonly seen after adenomatous polyps. They can occur submucosal, subserosal, and intramucosal. 90% of all intestinal lipomas are submucosal.<sup>1</sup> These masses are usually round and covered with smooth mucosa.

They are more common in women (66.7%) and most frequently seen in the fifth and sixth decades of life.<sup>2,3</sup> Colon lipomas are diagnosed coincidentally during colonoscopy or autopsy in 75% of cases.<sup>4</sup>

Depending on the size and localization of lipomas, various surgical procedures such as hemicolectomy, segmental resection, or local excision can be performed. Endoscopic snare resection is the most commonly applied method in treating lipomas smaller than 2 cm.<sup>5</sup>

Difficulties may encounter in the diagnosis and differential diagnosis of some anorectal pathologies such as prolapsed colorectal lipomas, rectal prolapse, thrombosed hemorrhoids, and prolapsed rectal polyps, especially in the first examination. This study aimed to present a case of prolapsed and incarcerated rectal lipoma, which we predict will contribute to these diseases' diagnosis and differential diagnosis.

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Peer review under responsibility of Türkiye Klinikleri Journal of Medical Sciences.

**Received:** 14 Sep 2021

**Received in revised form:** 06 May 2022

**Accepted:** 26 May 2022

**Available online:** 06 Jun 2022

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## CASE REPORT

An eighty-one-year-old woman was admitted to the emergency department with a painful anorectal mass. The round, erythematous, and prolapsed mass was observed during perianal examination (Figure 1). The patient stated that she had had similar complaints recurred several times before but spontaneously resolved. Since prolapsed mass didn't pass through the rectum, the patient was hospitalized for surgery. Abdominal examination and preoperative routine laboratory tests were normal.

After applying the general anesthesia, placed the patient in a lithotomy position. Held the pedicle mass with an atraumatic clamp so that it would not escape into the rectum. The mass was excised after the pedicle was tied with a zero (0) absorbable suture (Figure 2). When checked by recto-sigmoidoscopy after excision of the mass, that was seen that the polyp had originated from the posterior aspect of the middle rectum. Terminated the operation after controlling the bleeding. The resected specimen underwent histopathological examination. The patient, who did not develop any complications, was discharged on the first postoperative day with a colonoscopy recommendation. The pathology report determined the mass to be a polypoid submucosal lipoma (80×80×50 mm) diameter in the colon with overlying ulceration and necrosis. Written consent was obtained from the patient for this study.

## DISCUSSION

Prolapse of the rectal lipoma through the anus is very rare. Only a few cases have been reported in the literature. Ryan et al. published a series of 13 cases localized in different colon segments with an average age of 73 years.<sup>5</sup> Histopathological diagnosis was reported as a submucosal lipoma in 10 cases and lipohyperplasia of the ileocaecal valve in 3.

The large intestine lipomas are usually found in ascending colon. They can be submucosal, subserosal, or mixed. Submucosal lipomas are the most common type and account for 90% of all intestinal lipomas. Lipomas larger than 2 cm in size can cause abdominal pain, alterations in bowel habits, intestinal



FIGURE 1: Protruding mass through the anal canal.

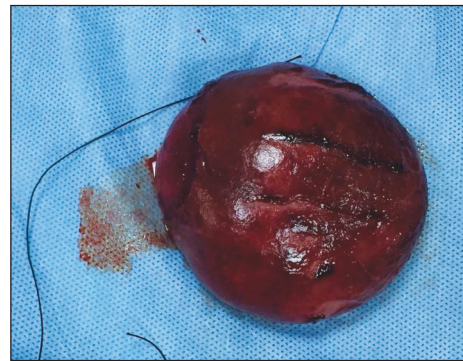


FIGURE 2: View of the resected mass.

obstruction, and rectal bleeding.<sup>6</sup> Colonoscopy and computed tomography applied differential diagnosis are required to confirm lipomas suspected to be carcinomas.<sup>7</sup>

The only colonoscopy can establish a final diagnosis of submucosal lipomas. In a colonoscopy, lipomas are distinguished by their soft, smooth, and covered with mucous membrane. Pulling the mucosa on the lipoma with a grasper gives a tent-like appearance (tent sign).

Another finding is the indentation of the lipoma (cushion sign) that occurs when pressure is applied to the overlying mucosa. When mucosal tissue is extruded for (tent sign) biopsy from a certain part of the mucosa, the yellow lipoma tissue facilitates the removal of the biopsy as a protrude (naked fat sign). This finding is considered pathognomonic. Depending on the size and localization of lipomas, various surgical procedures such as hemicolectomy, segmental resection, or local excision can be performed.<sup>5,8</sup> Endoscopic snare resection is the most

commonly applied method in treating lipomas smaller than 2 cm.

Although endoscopic removal of more giant lipomas poses a greater risk, it is possible to excise large lipomas up to 5 cm with the end loop ligation technique by injecting saline into mucosa with or without epinephrine.<sup>3,5,6</sup>

However, Jiang et al. reported that surgical removal should be made in cases of the following indications:<sup>8</sup>

a) >4 cm in size, sessile, circumscribed pedicle lipoma.

b) Non-specific preoperative diagnosis.

c) Symptomatic lipomas, especially those that cause intussusception.

d) Involvement of the muscle layer or serosa; and

e) When the lesion cannot be radically resected under colonoscopy. Segmental resection in cases of ileocecal or colonic intussusception can be safely made by the specialist surgeon with laparoscopy, even if lipomatous masses are considered malignant.

On the other hand, the difficulty of laparoscopic procedures is locating the lipoma during the process. Therefore, preoperative tattooing or intraoperative

colonoscopy determines lipoma localization or resection limits.

Colorectal lipomas can cause intestinal invagination, intussusception, obstruction, or bleeding. Some lipomas can mimic rectal prolapse, protrusion of pedunculated polyps from the anal canal, and thrombosed hemorrhoids, as in our case. In addition, diagnosed intestinal lipomas should be removed, considering the possibility of a probable malignant pathology.

#### **Source of Finance**

*During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.*

#### **Conflict of Interest**

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

#### **Authorship Contributions**

*This study is entirely author's own work and no other author contribution.*

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