



Lipoma Polyp Obstructing the Small Intestine in a Developing Community

Wilson IB Onuigbo*

Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria

*Corresponding Author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria.

Received: March 12, 2018; Published: April 25, 2018

Abstract

It has long been known that the lipoma, which is a benign tumor of fat, may cause bowel obstruction. It has been hypothesized that the establishment of a histopathology data pool facilitates epidemiological analysis. Therefore, the one functioning in a developing community is used in this paper to present examples worthy of documentation concerning the lipoma polyp and its causation of the obstruction of the small intestine.

Keywords: Lipoma; Benign Tumor; Intestine; Obstruction; Developing Community

Introduction

Recently, Gould and his associates [1] drew attention to the rare lipoma of the intestinal tract as dating back to 1757, and contributed a report concerning colonic obstruction by it. Incidentally, it has been hypothesized that the establishment of a histopathology data pool facilitates epidemiological analysis [2]. Therefore, can such a data pool function in a developing community?

Method

Such a data pool was provided by the Government of the Eastern Region of Nigeria at Enugu in 1970. It was established for an Ethnic Group called the Ibos [3]. Since I was the Pioneer Editor, I encouraged the medical practitioners to send formalin-fixed specimens together with epidemiological data in special Request Forms. Having kept personal copies of all the cases, their analysis was relatively easy. Indeed, the collected positive case reports are deemed to be worthy of tabulation.

Results

No.	Initials	Age	Sex	Site	Measurement	Doctor
1	NJ	46	M	Ileum	4 cm	Ilouga
2	UA	40	M	Ileum	2 cm	Okwulehie
3	AM	31	M	Ileum	2 cm	Ojukwu
4	OB	40	M	Small intestine	2.5 cm	Omutah

Table 1: Epidemiological analysis of positive lipoma induced obstruction.

Discussion

As tabulated, 4 doctors each submitted a single case. This indicates the wide usage of the Enugu histopathology data pool. This experience counters the erroneous view once debated in the UK about distant doctors not benefitting from a Central Laboratory [4]. Incidentally, this concept was shown to be erroneous elsewhere [5].

Indian authors argued that lipomatous polyps lead to intussusception in children relatively commonly [6] and reported 4 cases in adults. Curiously, the four local cases were all adults.

From Turkey [7], the view was held that lipomas are usually asymptomatic but become symptomatic when larger than 2 cm. All local cases measured 2 cm or larger. Incidentally, Taiwanese authors appreciated that giant lipomas, which are defined as being more than 4 cm across, are uncommon and reported a single case [8]. None of the local specimens measured more than that figure.

From India, Amey and Pravin [9] reported the cases of successful colonoscopic polypectomy of a giant (3.0 cm x 3.0 cm x 1.0 cm) ileal lipoma causing recurrent subacute intestinal obstruction. As they put it, "After careful review of the literature, this was the first case where polypectomy of a lipoma of this size was successfully attempted." Accordingly, one present case measuring up to 4 cm has attained such a success.

Furthermore, single cases of adult males operated on for obstruction due to lipoma occurred in India [10-12]. Curiously, all the Nigerian examples were males.

Conclusion

According to a standard textbook [13], lipoma is less frequently encountered in the large than in the small intestine. It happened that this particular local picture does not feature the large intestine. Accordingly, the present epidemiological study is at variance with the above textbook. In sum, it indicates the need for documentation from developing communities.

Bibliography

1. Gould DJ, et al. "A lipoma of the transverse colon causing intermittent obstruction". *Gastroenterology and Hepatology* 7.7 (2011): 487-490.
2. Macartney JC, et al. "Use of a histopathology data pool for epidemiological analysis". *Journal of Clinical Pathology* 33.4 (1980): 351-353.
3. Basden GT. "Niger Ibos". London: Cass (1966).
4. Lilleyman J. "From the President". *Bull Roy Coll Pathol*, 117 (2002): 2-3.
5. Onuigbo WIB and Mbanaso AU. "Urban histopathology service for a remote Nigerian hospital". *Bull Roy Coll Pathol* 132 (2005): 32-34.

6. Mandal S., *et al.* "Lipomatous polyp presenting with intestinal intussusceptions in adults: Report of four cases". *Gastroenterology Research* 3.5 (2010): 229-231.
7. Bilgin M., *et al.* "Ileocecal intussusception due to a lipoma in an adult". *Case Reports in Surgery* (2012): 684298.
8. Hu C-C., *et al.* "Giant colonic lipoma arising from the ileocecal valve and causing cecal-transverse colonic intussusception". *Advances in Digestive Medicine* 3.4 (2016): 191-194.
9. Amey S and Pravin R. "Subacute intestinal obstruction by a giant ileal lipoma treated by endoscopic removal: Case Report". *Journal of Digestive Endoscopy* 6.2 (2015): 70-72.
10. Singh S., *et al.* "Intussusception due to jejunal lipoma: A case report". *Journal of International Medical Sciences Academy* 26.2 (2013): 112.
11. Vagholkar K., *et al.* "Lipoma of the small intestine: A cause for intussusception in adults". *Case Reports in Surgery* (2015): 856030.
12. Gupta P., *et al.* "Ileoileal intussusception in an adult due to ileal lipoma: A rare case report". *Austin Journal of Cancer and Clinical Research* 2.4 (2015): 1041.
13. Bailey and Love's. "Short Practice of Surgery". 23rd edition, London: Arnold. (2000): 1048.

Volume 2 Issue 5 May 2018

© All rights are reserved by Wilson IB Onuigbo.