

**Rare Cause of Intestinal Obstruction – Submucous Lipoma of the Sigmoid Colon**

L.S. Andrei<sup>1</sup>, A.C. Andrei<sup>2</sup>, D.L. Usurelu<sup>1</sup>, L.I. Puscasu<sup>2</sup>, C. Dima<sup>1</sup>, E. Preda<sup>3</sup>, I. Lupescu<sup>3</sup>, V. Herlea<sup>4</sup>, I. Popescu<sup>1</sup>

<sup>1</sup>Department of General Surgery and Liver Transplantation “Dan Setlacec”, Fundeni Clinical Institute, Bucharest, Romania

<sup>2</sup>Department of Gastroenterology and Hepatology, Fundeni Clinical Institute, Bucharest, Romania

<sup>3</sup>Department of Radiology and Medical Imaging, Fundeni Clinical Institute, Bucharest, Romania

<sup>4</sup>Department of Pathology, Fundeni Clinical Institute, Bucharest, Romania

**Abstract**

The lipoma of the colon is a benign and rare tumor. Most lipomas are asymptomatic, their discovery being fortuitous. The diagnosis is usually easy by colonoscopy associated with biopsies. The abdominal CT scan also has its role in the diagnostic process and in the assessment of the tumoral extension. The treatment depends essentially on the clinical picture, on the size and location of the lipoma and involves endoscopic or surgical excision. We present the case of a 56 years old woman in which a random colonoscopic and than tomographic diagnosis of a sigmoidian lipoma was made 2 years ago when the patient presented with different symptoms, the submucosal lipoma being small sized at the time; the surgical treatment (sigmoidectomy including the tumor) was currently indicated by the sub-occlusive syndrome and haematochezia, due to the intraluminal proliferation of the tumor.

**Key words:** submucous lipoma, sub-occlusive syndrome, colonoscopy, abdominal CT scan, surgical resection

Corresponding author: Lucian Sorin Andrei, MD

Department of General Surgery and Liver Transplantation “Dan Setlacec”

Fundeni Clinical Institute, Bucharest, Romania

E-mail: sandrei741@yahoo.com