Intramucosal Cecal Lipoma Manifesting as Enterocutaneous Fistula and Abdominal Swelling

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Introduction

Intramucosal lipomas of the colon are rare benign tumors, representing only 0.2–4.4% of all gastrointestinal tumors. On colonoscopy, they are found in about 0.2–0.3% of patients, most often in the cecum and ascending colon. While usually asymptomatic and discovered incidentally, larger lesions (>2 cm) may cause abdominal pain, bleeding, obstruction, or intussusception. Exceptionally, they may present with complications such as perforation or enterocutaneous fistula, often mimicking colorectal malignancy. Histopathological confirmation remains essential for accurate diagnosis.

Presentation

A 46-year-old male, previously operated with exploratory laparotomy for ruptured appendix, presented to the OPD of PSH with complaints of abdominal pain and swelling on the right side. He underwent incision and drainage of an anterior abdominal wall abscess, and histopathology of the excised tissue was suggestive of cutaneous xanthogranuloma. One month later, he again developed swelling over the right side of the abdomen, associated with intermittent fever, for which abscess aspiration was performed. Five months after surgery, the patient presented once more with abdominal pain and discharge of yellow material from the right side of the abdomen. Colonoscopy at that time revealed normal findings; however, CT scan demonstrated an enterocutaneous fistula with an associated enteroenteric fistula, following which the patient was planned for right hemicolectomy.

Investigations

Colonoscopy Findings.

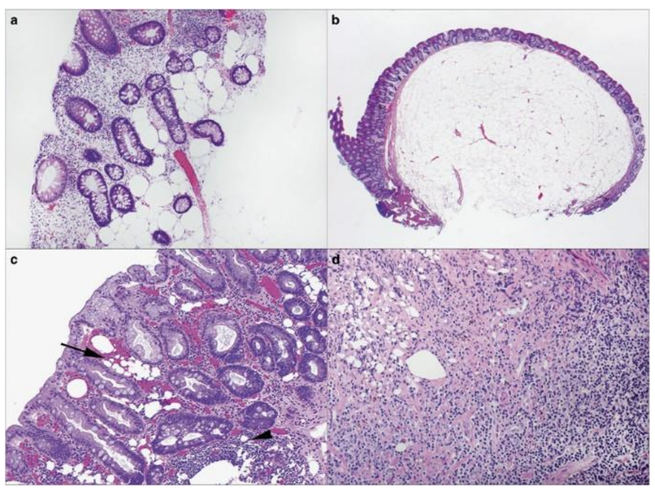
- Normal colonoscopic study (no intraluminal lesion visualized).

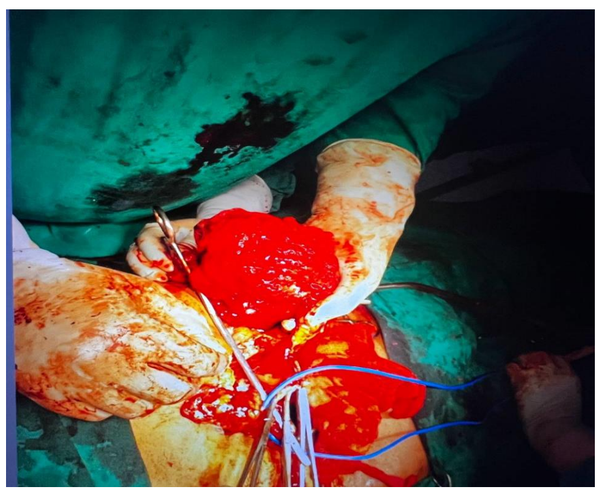
CT Scan

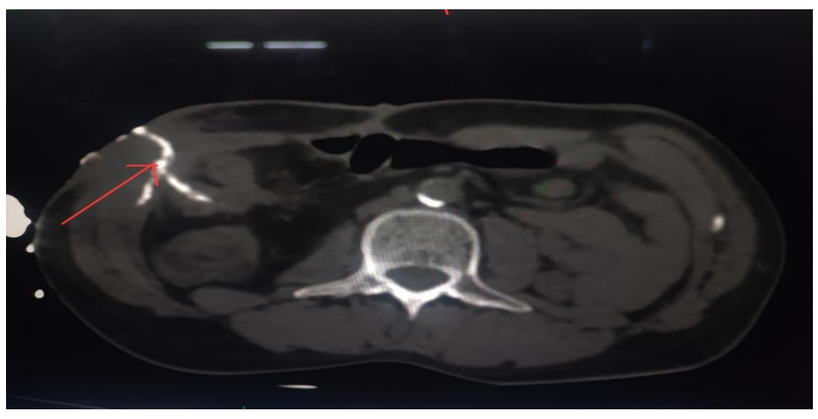
- Wall thickening at terminal ileum, ileocecal junction, and cecum.
- Enterocutaneous fistula (~55 × 7 mm) to right abdominal wall.
- Enteroenteric fistula (~12 × 8 mm) between ileal loops.

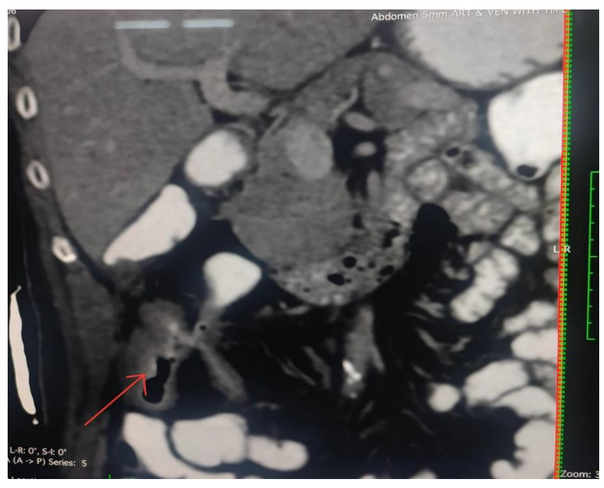
Histopathology Findings

- Intramucosal cecal lipoma (benign).
- Colonic wall with transmural inflammation and fibrosis.
- Fistula tract with inflammatory changes.









Intra OP Findings

- Approach:

Midline laparotomy performed under general anesthesia.

- Exploration:

Dissection carried out around the ileocecal junction and right colon. Terminal ileum, cecum, and ascending colon were mobilized along the white line of Toldt up to the hepatic flexure. Mesenteric lymph nodes were palpable, and mesentery with associated nodal tissue was divided. Grossly, cecum showed circumferential wall thickening with a polypoidal lesion measuring 5.5 × 3 × 3 cm at the cecum.
A fistulous tract in the right iliac fossa extending from skin to muscle was identified and excised.

- Specimen:

Right hemicolectomy specimen including terminal ileum, ileocecal junction, cecum, and part of ascending colon was removed and sent for histopathology.

- Reconstruction:
- Ileotransverse anastomosis performed using continuous interlocking sutures. No. 28 Drain placed below anastomosis site.

Result

- Surgical excision was uneventful
- Histopathology confirmed the diagnosis

Conclusion

Intramucosal colonic lipomas are rare benign tumors, accounting for less than 1% of colonic neoplasms and detected in only about 0.2–0.3% of colonoscopies. They are usually asymptomatic, but when complicated by obstruction, bleeding, or fistula formation, they may closely mimic malignancy. Our case is unique in demonstrating a benign intramucosal cecal lipoma presenting with both enterocutaneous and enteroenteric fistula, an exceptionally uncommon manifestation. Colonoscopy may fail to identify such lesions, making CT imaging and histopathology vital for accurate diagnosis. Definitive management was achieved through right hemicolectomy with fistula excision, followed by an uneventful recovery and confirmation of benign pathology without malignancy. This case highlights the importance of maintaining a high index of suspicion, ensuring timely surgical intervention, and relying on histopathological confirmation in the management of rare benign lesions that present in an aggressive manner.

References

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Acknowledgement

Dr.Dipesh Duttaroy (Professor)
Dr.Chirag Parikh (Professor)
Dr. Chirag Sangada (Associate Professor)
Dr.Shantanu Nilak Rao (Assistant Professor)

Presented at: GUJASICON 2025, Waves Club, Vadodara.
Organized By: Surgeon's Association, Baroda.