INTRODUCTION:
Lipomas of the gastrointestinal tract have been reported periodically since 1757.1 There are few case reports of complicated small bowel lipoma.2-4 They usually present with intussusception, obstruction of haemorrhage. Preoperative diagnosis of ileo-ileal intussusception is done by ultrasonography. We describe here a patient of submucosal fibrolipoma who presented with lump in the abdomen, which on ultrasonography showed small bowel intussusception. There was no sign of intestinal obstruction or haemorrhage.

CASE REPORT:
A 57-year-old woman was admitted with a 5-day history of intermittent upper abdominal pain, and nausea, aggravated by eating. She gave a history of chronic constipation but no history of haematemesis or melena. There was no past history of any previous operation or any serious illness. On examination in the Casualty, there was a firm, mobile lump of 3x3cm in the left lower abdomen. There was no abdominal distention or tenderness in the left iliac fossa. No free fluid was present. Bowel sounds were exagerated. Examination of the other systems were normal. The abdominal mass subsequently shifted to right lower abdomen. Plain X-ray abdomen was within normal limit. An emergency abdominal ultrasonography showed a typical "target mass" in the right iliac fossa. In the longitudinal view, the "target mass" protruded into the ileum. Possibilities of ileo-ileo intussusception and carcinoma of colon were entertained. Results of other laboratory examinations were within normal limit. Stool for occult blood was positive. Barium-enema examination was normal. On exploratory laparotomy, an ileo-ileo intussusception 5 feet proximal to the ileocaecal junction was found. After reduction of intussusception, a polypoid mass, arising from the wall of ileum measuring 2.5x3.0cm, was seen forming the leading edge of the intussusception. The affected segment of bowel was resected with an end-to-end intestine anastomosis. The rest of the abdomen was normal. The patient’s post-operative period was uneventful. The resected specimen of ileum measured 10 cm in length. A single, circumscribed, soft, pedunculated, submucosal mass of 2.5x3.0 cm was seen

SMALL INTESTINAL FIBROLIPOMA:
AN UNCOMMON CAUSE OF INTUSSUSCEPTION

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Figure 1

Surgical specimen of ileum after the reduction of intussusception showing a submucosal fibrolipoma. Almost half of the tumor has been processed.
occluding the lumen of ileum (Fig. 1). The overlying mucosa was eroded at places. The cut surface was homogeneous and yellowish in colour. On gross, diagnosis of submucosal lipoma of ileum was made. Histopathology of the lesion showed mature adipocytes, scattered fibroblasts and collagen bands in the submucosal region (Fig. 2). The lesion was confined to submucosa only and not extending to the mesenteric or serosal fat. The features were those of a submucosal fibrolipoma.

**REFERENCES:**