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An unusual cause of recurrent abdominal pain in a middle-aged man

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Keywords: Intestinal neoplasm. Fibrolipoma. Small intestine intussusception. Computed tomography.

Dear Editor,

A 54-year-old male was hospitalized with intermittent periumbilical pain of one-month duration. Abdominal contrast-enhanced computed tomography (CT) revealed target-sign and a fat density mass measuring 2.0 × 2.5 cm in the distal ileum. Part mesenteric tissues and blood vessels were embedded and the wall of the affected

intestinal tube was thickened and edematous (Fig. 1A). His symptoms alleviated after conservative treatment and he refused further management. The patient was hospitalized again with the same symptoms and abdominal CT findings four years later (Fig. 1B and C). Exploratory laparotomy was performed and a palpable mass was found in the ileum measuring 3.0 × 3.0 cm; partial enterectomy was performed. Postoperative histopathology revealed the resected mass was composed of proliferating mature adipocytes surrounded by few fibrous connective tissue (Fig. 1D; HE × 100). Hyperplastic fibroblast and inflammatory exudative necrotic tissue were found on the surface of the mass. The patient was diagnosed as ileum fibrolipoma with intussusception. He was discharged home uneventfully and no symptoms were observed after 12-month follow-up.

Discussion

Histologically, lipomas are classified into classic lipomas and mixed variants such as fibrolipoma, angiolipoma, myolipoma, etc. Fibrolipoma is a benign soft tissue tumor with hyperplasia of fibrous connective tissue as well as mature adipose cells which differs from lipoma (1). Fibrolipoma usually occurs in middle-aged people and a slight female predominance has been observed in the cases of fibrolipoma (without significant gender difference) (2). Various tissues can be involved, including the trachea, oral cavity, orbit, cheek, back, extremities, and even internal organs. Fibrolipoma has been infrequently reported in the gastrointestinal tract. Symptoms correlate with the size of the tumor. When small, fibrolipomas are usually asymptomatic and often discovered incidentally; when larger, they can manifest clinically. Intestinal fibrolipomas usually present with hemorrhage, abdominal pain, hematemesis, obstruction, vomiting and dyspepsia. CT and endoscopic ultrasonography (EUS) perform characteristically when diagnosing fibrolipoma. CT of intestinal fibrolipoma usually demonstrates a circular or oval, sharply marginated tumor with fat-density or mixed density. EUS is useful for differentiating fibrolipoma from an intestinal stromal tumor or lipoma by the findings of heterogeneous hyperechoic lesions and detection of the tumor origin (3,4). Under the microscope, fibrolipoma is made of mature adipocytes within lobules of dense collagen fibers,

and it can easily be distinguished from conventional lipoma because of more representative fibrous connective tissues. If asymptomatic, a fibrolipoma does not require intervention. If symptomatic, laparoscopic or open surgery is recommended.

References

1. Choi HJ. Preauricular fibrolipoma presenting as upper parotid tumor. J Craniofac Surg 2015;26:601-2. DOI: 10.1097/SCS.0000000000001531

2. Kim BJ, Park CS. A massive fibrolipoma in the temple. J Craniofac Surg 2013;24:e251-3. DOI: 10.1097/SCS.0b013e3182869f25

3. Zhao B, Zhou X, Wang W. Duodenal descending part-jejunum intussusception and upper gastrointestinal bleeding caused by duodenal fibrolipoma: a case report. BMC Surg 2019;19:169. DOI: 10.1186/s12893-019-0634-1

4. Tang Y, Zhang L, Ni X, et al. Endoscopic submucosal dissection of a rare antral mass: gastric fibrolipoma. Rev Esp Enferm Dig 2023;115(10):588-9. DOI: 10.17235/reed.2023.9581/2023

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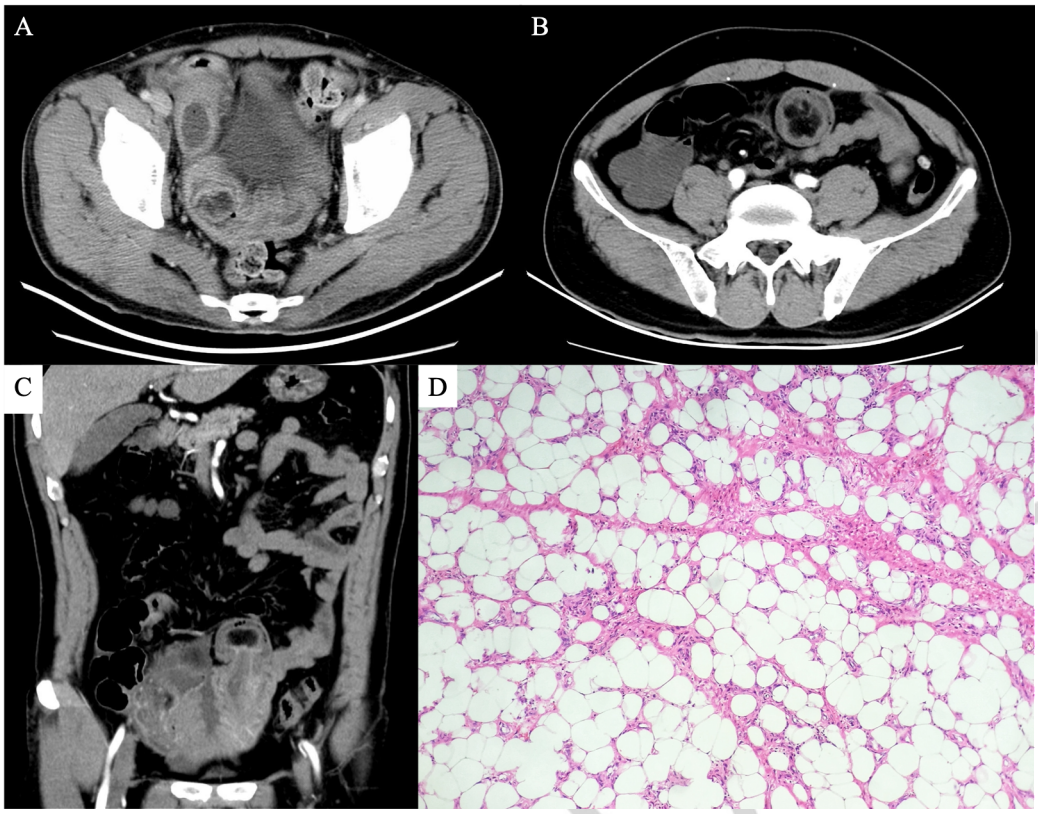

Fig. 1. A-C. Abdominal contrast-enhanced computed tomography (CT) revealed target-sign and a fat density mass measuring 2.0 × 2.5 cm in the distal ileum. Part mesenteric tissues and blood vessels were embedded and the wall of the affected intestinal tube was thickened and edematous. D. Postoperative histopathology revealed the resected mass was composed of proliferating mature adipocytes surrounded by few fibrous connective tissue (HE × 100).