

**Title:**  
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## An unusual cause of recurrent abdominal pain in a middle-aged man

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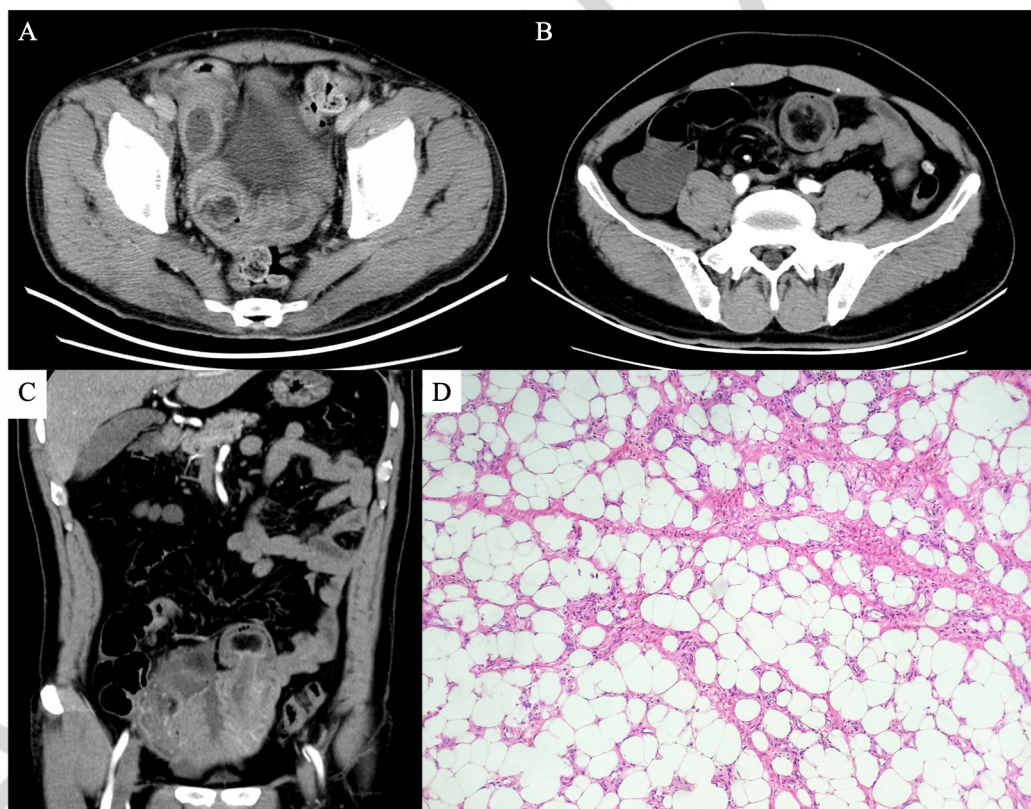
*Dear Editor,*

A 54-year-old man was hospitalized with intermittent periumbilical pain for 1-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. 1. A). His symptom was alleviated after conservative treatment and he refused further management. The patient was hospitalized again with the same symptoms and abdominal CT findings 4 years later (Fig. 1. B, C). Exploratory laparotomy was performed. A palpable mass in the ileum was found measuring 3.0 × 3.0-cm and partial enterectomy was performed. Postoperative histopathology revealed the resected mass was composed of proliferating mature adipocytes surrounded by few fibrous connective tissue (Fig. 1. D, 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 was observed in 12 months 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 person 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 be

manifested clinically. Intestinal fibrolipoma usually presents with hemorrhage, abdominal pain, hematemesis, obstruction, vomiting and dyspepsia. CT and endoscopic ultrasonography (EUS) performed characteristically in diagnosing fibrolipoma. CT of intestinal fibrolipoma usually demonstrates a circular or oval, sharply margined tumor with fat-density or mixed density. EUS is useful for differentiating fibrolipoma from intestinal stromal tumor or lipoma by the findings of heterogeneous hyperechoic and detection of the tumor origin (3, 4). Under the microscope, fibrolipoma is made of mature adipocytes within lobules of dense collagen fibers, it can easily be distinguished from conventional lipoma because of more represented fibrous connective tissues. If asymptomatic, a fibrolipoma needs no intervention. If symptomatic, laparoscopic or open surgery was recommended.



**Fig. 1. A, B, C.** Abdominal contrast-enhanced CT revealed target-sign and a fat density mass measuring  $2.0 \times 2.5$ -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).

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