To the Editor: A 75-year-old woman presented with a several-week history of recurrent constipation, moderate intermittent lower-quadrant abdominal pain and bloodstained stools. Clinical examination was unremarkable, and laboratory tests indicated mild anaemia (haemoglobin 11.8 g/dl). Colonoscopy revealed a 4 cm lesion of the caecum occupying the whole lumen, layered by apparently normal mucosa with some erosions, and no further sign of abnormality. Multiple biopsies reported no atypias. An abdominal computed tomography (CT) scan confirmed a 4 cm hypodense endoluminal mass, suggestive of a giant lipoma (Fig. 1, A). An ileocaecal resection was performed. When the specimen was opened another unexpected 1.5 cm polypoid lesion of the ileocaecal valve was found (Fig. 1, B). Histological work-up revealed double right caecal lipomas of the mature fat cells. The postoperative course was uneventful, with complete disappearance of symptoms.

Colonic lipomas are rare, but more than two-thirds of gut lipomas are found in the large bowel, representing the most common benign lesion after adenoma. Colonic lipomas can be multiple in 10% of cases. When symptoms suggest a lipoma, or when there is doubt regarding the nature of the lesion, surgical or colonoscopic removal may be performed. Colonoscopic removal may be curative for lesions less than 2 cm, while colonic resection is the suggested option for symptomatic large lipomas.

F. P. Prete
L. Sofo
S. Alfieri
A. di Giorgio
F. Rosa
G. B. Doglietto
Department of Surgery
Catholic University of the Sacred Heart
Rome
Italy

Fig. 1. A: CT scan showing hypodense 4 cm endoluminal mass. B: Polypoid lesion (1.5 cm) of the ileocaecal valve.