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Lipoma Predisposing to Colonic Intussusceptions in a Developing Community

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Abstract

It has been stated that lipoma causes intussusception in children more than in adults. Therefore, colonic intussusception due to the lipoma in the adults in a developing community needs to be documented. Six of them were found and are compared with 10 Internet cases. The Nigerians were older. While the sexes were equal in Nigeria, foreign males were commoner in the ration of 7 to 3.

Keywords

Intussusception; Bowel; Lipoma; Adults; Surgery; Developing community

Introduction

Intussusception occurs when a proximal portion of the bowel invaginates into the distal portion, this being held to be commoner in children than in adults. Single cases have been reported in adults in alphabetical order from India (1,2), Mexico (3), Morocco (4), Portugal (5), South Korea (6), Taiwan (7), Tunisia (8), and USA (9-10). Therefore, this paper sets out to present cases found among the Igbo ethnic group [1], who are domiciled in South Eastern Nigeria. In particular, the lesions were produced by a benign tumor, the classical lipoma. Deemed to be worthy of documentation are these lesions.

Investigation

Investigators in Birmingham (UK) stressed that the establishment of a histopathology data pool enhances epidemiological analysis [2]. Fortunately, when such a pool was established at Enugu, the erstwhile capital of the Eastern Region of Nigeria, the author became the pioneer pathologist. In that capacity, local practitioners were encouraged to submit biopsy specimens provided that epidemiological data were supplied fully. In particular, having diagnosed all slides personally as lipomas and written all the reports, their analysis became easy. Those in which the lipoma was the intussuscepting agent in the colon of adults are deemed to be worthy of documentation.

Results

The tabular form is preferred here under. The leading head or intussusceptions was the lipoma in all cases (Table 1).

Discussion

Single cases of lipoma causing colonic intussusception were reported from ten countries [3-12]. Therefore, it is interesting that, in this community, 6 individual doctors submitted single cases also.

Most cases came from Enugu but two arrived from distant towns. This is important because it shows that distant doctors can make use of a central laboratory. This concept was a matter for debate in the UK in terms of whether a central laboratory could ever be worth the while of distant doctors [13]. In this context, the usefulness to distant doctor has been clearly shown in this community [14, 15].

The age range of the local cohort was from 43 years to 61 years (average 50 years). As

No	Initials	Age	Sex	Doctor	Town	cm
1	UB	50	M	Aghaji	Enugu	4
2	EH	55	F	Mbanefo	Umuahia	5
3	GM	47	M	Nkire	Enugu	4
4	ER	43	F	Mbanaso	Aku	5
5	UB	50	F	Nwabunike	Enugu	3
6	UH	61	M	Okeke	Enugu	5

Table 1: Epidemiological data supplied by the doctors.

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for the foreign patients, their ages ranged from 22 years to 59 years (average 41 years). Thus, the Nigerian patients were older.

With reference to sex, the Nigerian males and females were equal. On the other hand, foreign males preponderated in the ratio of 7 to 3. This type of epidemiological material is nicely open to research.

As to the sizes of the submitted specimens, Indian authors wrote that "Lipomas larger than 4 cm are considered 'giant' [2]. In that sense, half of the local specimens were of giant dimension.

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