

A Case of Incidentally Diagnosed Giant Lipoma

Rastlantısal Tanı Konan Dev Lipom Olgusu

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Abstract

All over the world, emergency services (ESs) are departments where services are offered to patients non-stop. The obligation to offer fast, proper and nonstop service to patients who are admitted to ESs sets the ES apart from other departments. ESs usually serve many patients with varying complaints. Abdominal pain is the leading cause of ES admissions and forms 5-8% of all ES admissions. Abdominal pain is a symptom that may develop due to traumatic and non-traumatic reasons and arises during the course of illnesses related to intra-abdominal or extra-abdominal organs. Since there are many causes of acute abdominal pain, a systematic approach is needed in order to narrow down the definitive diagnoses. By presenting the case of an incidentally diagnosed giant lipoma in a patient admitted to the ES with a complaint of abdominal pain, we wanted to underline that ESs are clinics that are full of interesting patients and surprises. Very different diseases that are outside the admission complaints of patients can be diagnosed at ES departments.

Keywords

Lipoma, stomachache, renal colic

Anahtar Kelimeler

Lipom, karın ağrısı, renal kolik

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Öz

Tüm dünyada, acil servisler (AS) hastalara hizmetin kesintisiz bir şekilde sunulduğu bölümlerdir. AS'lere başvuran hastalara hızlı, doğru ve kesintisiz hizmet zorunluluğu AS'yi diğer bölümlerden farklı kılmaktadır. AS'ler genellikle birbirinden farklı yakınmaları olan birçok hastaya hizmet vermektedir. Karın ağrısı yakınması AS'ye başvuru nedenlerinin başında gelir ve tüm AS başvurularının %5-8'ini oluşturur. Karın ağrısı; travmatik veya non-travmatik nedenlere bağlı olarak gelişebilen, karın içi veya karın dışı organları ilgilendiren hastalıkların seyri sırasında ortaya çıkan bir semptomdur. Akut karın ağrısının pek çok nedeni olduğundan, sistematik bir yaklaşım ayırıcı tanıları daraltmak için gereklidir. Karın ağrısı ile acil servise başvuran bir hastada rastlantısal olarak tanı konulan dev lipom olgusunu sunarak AS'nin ilginç hastalarla ve sürprizlerle dolu bir klinik olduğunu vurgulamak istedik. Hastaların başvuru şikayeti dışında olan çok farklı hastalıkların tanısı AS'ler de konulabilmektedir.

Introduction

Abdominal pain is a symptom, which may develop due to traumatic or non-traumatic causes and is encountered during the progress of diseases of the intra-abdominal or extra-abdominal organs (1). As there are several causes of the acute abdominal pain, a systematic

approach is necessary in respect of the differential diagnosis. Regarding the differential diagnosis, appendicitis, biliary tract disorders, intestinal obstruction, acute gynecological disorders (salpingitis, ovarian cyst, ectopic pregnancy, incomplete abortion etc.), pancreatitis, renal colic, perforated peptic ulcer, cancer and diverticulitis should be considered in patients with non-specific abdominal pain. Cancer is the cause of the abdominal pain in 2% of the patients (2). Lipomas are benign mesenchymal tumors and are the most frequently encountered soft tissue tumors. Usually, they are located in the subcutaneous space (3). Although they may emerge in any part of the body, they usually develop on the trunk. They are one of the most common tumors of the abdominal wall (4). Our objective was to report a case of giant lipoma, which applied to our emergency department due to the abdominal pain.

Case Report

A male patient aged 40 years applied to our emergency department with a complaint of abdominal pain. The patient was obese and his body mass index was 36. His anamnesis revealed that he had an abdominal pain with an acute onset, dark-colored urine. He stated that he had not experienced such a pain previously. During the physical examination, we determined increased tenderness in the right medial region of the abdomen with palpation and costovertebral angle tenderness on the right side. Blood examination was normal and urinary examination showed that red blood cell was 69/high power field (HPF) ($<5.77/\text{HPF}$) and white blood cell was 1/HPF ($<10/\text{HPF}$). As urolithiasis was suspected in the foreground, unenhanced spiral abdominal tomography was performed. Tomographic examination displayed a calculus (Figure 1) on the right ureterovesical junction (diameter: 3.5 mm) and an imaging concordant with a lipoma (size: approx. 16x8 cm) (Figure 2) on the upper quadrant of the right abdomen. The patient was discharged after the arrangement of a proper medical treatment for the urinary calculus and the recommendation of the follow-up control in the urology department. Additionally, the patient was informed about the giant lipoma diagnosed coincidentally during the examination.

Discussion

Emergency units (EU) are departments giving non-stop service to the patients all over the world. The obligation for the fast, correct and non-stop health service to the patients distinguishes EUs from other departments. EUs provide service usually to patients with very diversified complaints. Abdominal pain is the major complaint encountered in the EUs and it constitutes 5 to 8% of all the admissions to the EUs (1). The symptoms in the patients applying with abdominal pain are usually subjective. Therefore, they should be supported with laboratory and radiological examination (5).

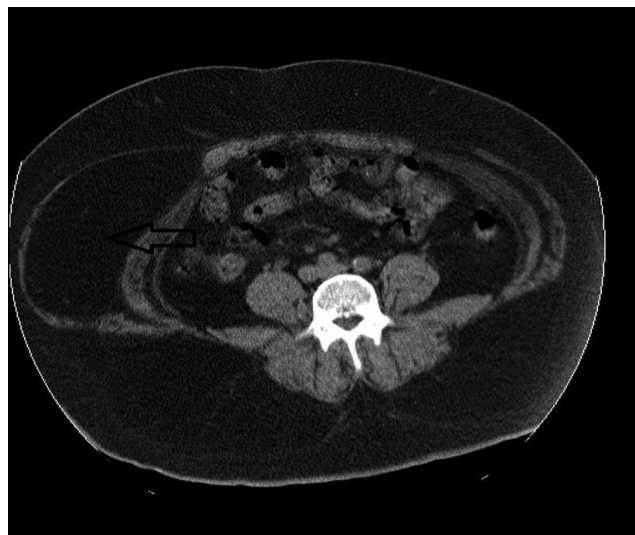


Figure 1. Calculus in the right ureterovesical junction (size: 3.5 mm)

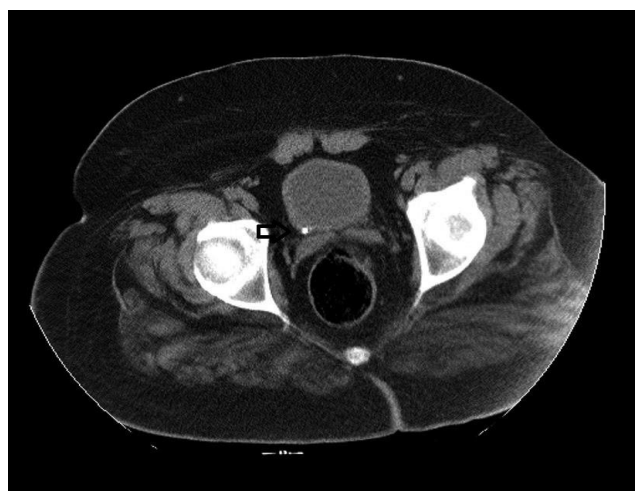


Figure 2. Imaging concordant with a lipoma located in the subcutaneous space (size: 16x8 cm)

With the increase of the size, lipomas may cause abdominal pain, abdominal swelling, weight loss, constipation and fullness (6). As lipomas are usually small and superficial, they rarely become symptomatic (7). In our case, the patient applied for another disorder causing abdominal pain and the asymptomatic lipoma was detected coincidentally.

Lipomas with a size greater than 10 cm are called "giant" lipomas (8). The etiopathogenesis of lipomas is not fully elucidated yet. However, several theories were suggested in respect of their development. The first theory indicates that lipomas develop from the remnant of the embryonic adipose tissue. Another theory suggests that lipomas develop after the hyperproliferation of the adipose tissue. The third theory considers the cytokines, which are released due to the trauma, as the cause of the development of the lipomas. According to another theory, chronic stimulation caused by infections is responsible of their development (7). In our morbidly obese case, we concluded that the cause was the hyperproliferation of the adipose tissue.

Patients usually apply to a physician due to the unpleasant outlook depending on the size of the lesion (9). However, our patient did not recognize the lesion by himself, as he was morbidly obese. The lipoma was diagnosed coincidentally during his admission to our EU due to the renal colic pain. Surgical resection is only carried out due to the presence of pain not responding to the analgesic agents, cosmetic problems, rapid growth and need of biopsy for the definitive diagnosis (7). It is very rare for lipomas to turn into a malign tumor (10). In our case, we informed the patient about the lipoma according to the information in the literature and discharged him after recommending follow-up controls in the outpatient department.

EUs are departments full of interesting patients and surprises. Several different diseases, which are not related to the complaints of the patients during the admission, may be diagnosed in the emergency departments. Rarely, lipomas, which are located on the abdominal wall, may become symptomatic depending on the size and the patients may apply to EUs due to the abdominal pain, abdominal swelling, weight loss, constipation, and fullness.

Ethics

Informed Consent: The patient was informed about the giant lipoma diagnosed coincidentally during the examination.

Peer-review: Internally peer-reviewed.

Authorship Contributions

Cerrahi ve Medikal Uygulama: M.U., İ.A., A.O.K., Konsept: A.O.K., İ.A., Dizayn: İ.A., A.O.K., Veri Toplama veya İşleme: A.O.K., İ.A., Analiz veya Yorumlama: M.U., A.O.K., İ.A., Literatür Arama: M.U., İ.A., A.O.K., Yazan: A.O.K., İ.A., M.U.

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References

1. Türker ŞK, Beceren NG, Yolcu S, Armağan HH, Tomruk Ö. Acil servisimize bir yıl süreyle başvuran travma dışı erişkin karın ağrılı hastaların incelemesi. Genel Tıp Dergisi 2015; 25.
2. Emet M, Eroğlu M, Aslan Ş, Öztürk G. Karın Ağrısı Olan Hastaya Yaklaşım. (Approach to Patient with Abdominal Pain). EAJM 2007; 39: 136-41.
3. McTighe S., Chernev I. Intramuscular lipoma: a review of the literature. Orthop Rev (Pavia) 2014; 6: 5618.
4. Bunker DL, Ilie VG, Halder TK. Torsion of an abdominal-wall pedunculated lipoma: a rare differential diagnosis for right iliac fossa pain. Case Rep Surg 2013; 2013: 587380.
5. Manukyan MN, Deveci U, Kebudi A, Kapaklı SM, Çubuk R, Atasoy MM. Non-spesifik karın ağrısı bulunan hastalarda kolonoskopik incelemenin yeri. Ulusal Cerrahi Dergisi 2010; 26: 196-8.
6. Cha JM, Lee JI, Joo KR, Choe JW, Jung SW, Shin HP, et al. Giant mesenteric lipoma as an unusual cause of abdominal pain: a case report and a review of the literature. J Korean Med Sci 2009; 24: 333-6.
7. Bang CS, Kim YS, Baik GH, Han SH. A Case of Lipoma of Parietal Peritoneum Causing Abdominal Pain. Korean J Gastroenterol 2014; 63: 369-72.
8. Sanchez MR, Golomb FM, Moy JA, Potozkin JR. Giant lipoma: case report and review of the literature. J Am Acad Dermatol 1993; 28: 266-8.
9. Kiyak MV, Kopal C, Sayhan MB, Kavalcı C. Dev Lipom: Olgu Sunumu. Akademik Acil Tıp Olgu Sunumları Dergisi 2010; 1: 28-30.
10. Weiss SW, Goldblum JR. Enzinger and Weiss's Soft Tissue Tumors. 4th ed. St Louis: Mosby 2001: 571-639.