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Rare case of Isolated Submucosal Lipomatosis of Appendix

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Abstract

Intestinal lipomatosis, especially isolated Submucosal lipomatosis of appendix is a rare condition which can mimic acute appendicitis. In this case report, we report histopathological findings in a case of isolated form of submucosal lipomatosis of appendix.

Keywords: IL, PD, USG.

Introduction

Intestinal lipomatosis (IL) is a rare condition. It is characterised by infiltration of fatty tissue in intestinal submucosa. Isolated form of IL in appendix has been reported by Anlo.ci in 1956 as a histopathological, finding [(1)]. In submucosal lipomatosis of appendix, there is ananamolus adipose tissue infiltration in submucosa of appendix, the symptoms may mimic the symptoms of acute appendicitis, hence should be considered as its differential diagnosis.

Case report

A 60-year-old female presented to the surgery OPD with chief complaints of pain in the abdomen since 12 days. USG report revealed diffuse thickening of appendix wall with possibility of Acute Appendicitis.

We received the sample of appendix with attached mesoappendix in our histopathology department. The specimen was swollen, 3.7 cm in length and 0.5 cm in maximum diameter. External surface was grey white and showed congested vessels along with perforated area measuring 0.1 cm which was 0.5 cm away from the tip of appendix. Cut section showed lumen filled with faecal material. On microscopy H and E-stained section from appendix showed intact mucosa, submucosa showing infilteration by mature adipocytes. Mild mixed inflammatory cell infilteration is seen in wall of the appendix including serosal layer. There is also evidence of small perforation seen in the wall of the appendix.

The final diagnosis was made as submucosal lipomatosis with acute on chronic non-specific appendicitis with perforation peritonitis.

Fig. 1: Showing specimen of appendix with attached mesoappendix which was swollen, 3.7 cm in length and 0.5 cm in maximum diameter. External surface was grey white and showed congested vessels along with perforated area measuring 0.1 cm which was 0.5 cm away from the tip of appendix. Cut section showed lumen filled with faecal material.

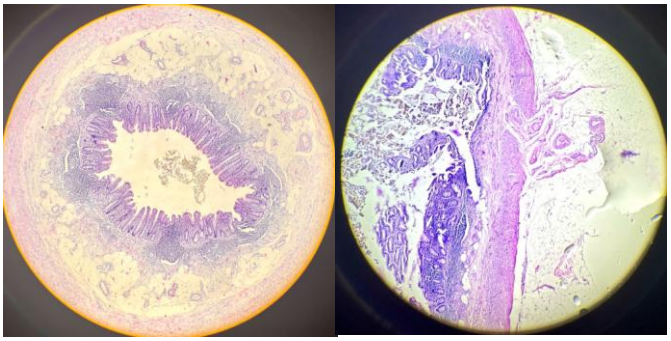

Fig. 2: H and E stained section showing mature fat cells in submucosa representing lipomatosis, evidence of perforation with acute on chronic nonspecific inflammation (10X, 40X)

Discussion

IL is an unusual condition where there is increased infiltration of highly differentiated fat in submucosal layer of the bowel. It differs from lipoma due to lack of capsule. Submucosal lipomatosis in appendix is rare,a prevalence of 0.2% has been reported[(2)]. IL are usually silent these may occasionally cause abdominal pain, changes of bowel habits, rectal bleeding and bowel obstruction, intussusception or prolapse[(3)]. Isolated lipomatosis of appendix can be presented as appendicitis, however only few cases are reported in the literature [(4,5)]. Mechanical obstruction of stool, discharge from appendix due to lipomatosis is the assumed cause. Recently published study showed significant association between increase in diameter of illeocecal lipomatosis and occurrence of appendicitis [(6)]. Our case is unique as the patient has isolated submucosal lipomatosis of appendix presented as acute appendicitis.

Conclusion

Though isolated submucosal lipomatosis of appendix is very rare, it should be considered as differential diagnosis of acute appendicitis as seen in our case.

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