

## **Incidental Appendectomy Involving Colonic Lipomas in a Developing Community**

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**Received:** October 16, 2018; **Published:** March 05, 2019

### **Abstract**

Incidental appendectomy is an intriguing subject. Curiously, it may be associated with colonic tumors of the fatty type. Two cases were found in a developing community. Surprisingly, a search of 7 reprints did not reveal a previous record. Therefore, the combination should be documented.

**Keywords:** *Lipoma; Abdominal Pains; Colectomy; Incidental Appendectomy; Igbos*

### **Introduction**

The subject of incidental appendectomy has long been provocative, including both positive [1] and negative responses [2]. On the personal side, the corresponding author had reported on the elective practice in cases of ectopic pregnancy [3], ovariectomy for teratoma [4] and colectomy for malignancy [5].

In this context, since a search of these accumulated reprints revealed no association of colonic dysfunction with lipoma, our two cases are deemed to merit reporting thus.

### **Case Reports**

UK, a 35-year-old Igbo female, presented to the co-author, Dr Timothy Nwabunike, with a 4-year history of abdominal distension. Occasionally, there were bouts of frequent mucoid stooling. About a year ago, epigastric pain began to radiate to the right hypochondrium. Clinical and radiological diagnosis of tumour in the transverse colon were made. At surgery, intraluminal mass in the proximal end was seen. A loop of the large intestine measuring 30 cm across with the mesentery was delivered to the corresponding author. On section, he found that a sessile mass measuring 8 cm x 6 cm filled the lumen. It was soft and encapsulated. A normal looking appendix 5 cm long was removed. On microscopy, the section of the bowel was normal while the mass was fatty with some stroma. The appendix displayed scattered chronic inflammatory cells in the subserosa and necrotic leucocytes in the lumen of a dilated crypt of Lieberkuhn. The diagnoses were those of lipoma of the colon and periappendicitis coupled with abortive appendicitis.

EP, a 65-year-old male, complained to the co-author, Dr Timothy Nwabunike, of abdominal pain, constipation and vomiting of 10 weeks duration. There was weight loss. Following the necessary investigations, surgery revealed a polypoid mass in the ascending colon near the hepatic flexure with associated scarring involving the pylorus. A 39 cm large gut was submitted to the corresponding author. On section, a well encapsulated yellowish tumor 3.0 cm across was seen to be attached to the wall and almost completely occluded the lumen some 12 cm from the ileo-caecal junction. On section, the tumor was firm, fatty and greasy. The 5.0 cm appendix appeared normal. On microscopy, the tumor consisted of fat cells which grew in benign order with scanty stroma. The appendix was examined as 3 sections. One of them displayed luminal obliteration with fibrous tissue containing scattered chronic inflammatory cells, the lymphoid follicles being absent. Lipoma was diagnosed as well as chronic obliterative appendicitis.

## Discussion

John Swales, the Editor of *English for Specific Purposes*, researched on the Reprint Request (RR) and concluded that the corresponding author was "the only active researcher that I have traced in the RR area" [6]. In tune with this assessment, there is the personal possession of reprints on colonic lipomas in alphabetical order from Canada [7], France [8], Israel [9], UK [10,11] and USA [12,13]. Surprisingly, none of them was associated with incidental appendectomy.

In this context, personal studies of appendectomy among the Igbo ethnic group stand out with reference to teenagers [14], resolution of the appendix mass [15], acute appendicitis [16], community awareness [17], schistosomiasis [18], incidental appendectomy [19], faeco-histological method of studying worm endemicity [20], prophylactic appendectomy during pregnancy [21], perforation as a complication of endometriosis [22], appendectomy during cesarean section [23] and amebiasis presenting as acute appendicitis [24].

## Conclusion

The two cases presented in this paper point to peculiar parameters which need some emphasis. Thus, case 1 exhibited periappendicitis as well as abortive appendicitis. This is a phenomenon recognized in radiological studies [25,26]. Curiously, case 2 showed chronic obliterative appendicitis. This was singled out for recognition back in the 1940s in Scandinavia [27]. In effect, incidental appendectomy may uncover unsuspected inflammatory processes in this organ in a developing community.

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**Volume 2 Issue 1 March 2019**

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