

多發性小腸脂肪瘤導致反覆性腸套疊：病例報告

Repeated Intussusception Induced by Intestinal Lipomatosis: Report of a Case

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摘要

在我們的病例報告中，患者為 50 歲男性，腹部斷層掃描顯示疑為腸套疊。剖腹探查確立為多發性小腸脂肪瘤併發迴腸－結腸套疊。患者在接受右半側大腸切除術後，恢復良好。但術後一個月，再度出現腸阻塞症狀，腹部斷層掃描顯示為迴腸－迴腸套疊，剖腹探查確立為多發性小腸脂肪瘤導致之反覆性腸套疊，在切除套疊部位及迴腸－迴腸吻合術後，患者之腸阻塞解除，並已兩年無症狀。多發性小腸脂肪瘤，為良性腫瘤，一般多無症狀，當有明顯的阻塞性症狀或造成腸套疊時，則需手術治療。在腸套疊的診斷上，腹部斷層掃描最具診斷價值。多發性小腸脂肪瘤導致之反覆性腸套疊，由於無法將多發性小腸脂肪瘤完全根除，仍有再發腸套疊之風險。

Abstract

We describe a man with intestinal lipomatosis in association with repeated episodes of intussusception. A 50-year-old man came to our emergency department for intermittent epigastric cramping pain. Abdominal computed tomography scan revealed a doughnut sign and suspected ileo-colic intussusception. Emergent laparotomy showed ileo-colic intussusception involving the ileocecal valve, cecum and approximately 30cm of the ascending colon. Multiple submucosal tumors were noted to involve the whole small intestine and one tumor of the ileum formed the leading point of the intussusception. Right hemicolectomy with primary anastomosis was performed. Pathologic examination confirmed that the multiple lesions were benign submucosal lipomas. One month later, another episode of intussusception was noted. The affected intestinal segment was resected with ileo-ileostomy. In patients with intussusception caused by submucosal lipomatosis, surgery might be curative. If a large segment of bowel was affected by submucosal lipomatosis, resection of all lipomas might not be feasible. Smaller lipomas may be left in place because these tend to be asymptomatic. But they may become leading points of recurrent intussusception.