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CLINICAL IMAGE

Lipohyperplasia of the ileocaecal valve

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Abstract

A 54-year old woman presented to the emergency department with a 7-day history of recurrent abdominal pain and diarrhoea. Computed tomography of the abdomen revealed a classic 'target sign' in the axial and sagittal view of the transverse colon, and a fat-density tumour with a pedicle in the coronal view. A diagnosis of intestinal intussusception was made. Histological assessment of the resected specimen revealed submucosal infiltration by adipose tissue, indicating lipohyperplasia of the ileocaecal valve.

A 54-year-old woman with hypothyroidism presented to the emergency department with a 7-day history of recurrent abdominal pain and diarrhoea. Her vital signs were normal. Physical examination revealed moderate tenderness of her abdomen without guarding or rebound tenderness. Laboratory findings demonstrated no evident abnormalities, except for increased C-reactive protein level (4.78 mg/dl, normal range: below 0.3 mg/dl). Computed tomography of the abdomen revealed a classic 'target sign' in the axial and sagittal view of the transverse colon, a finding consistent with a diagnosis of intestinal intussusception. A 6-cm sized fat-density tumour (arrow) with a pedicle (arrowheads) was observed in the coronal view (Fig 1, Panel A), suggestive of a leading point. Subsequently, emergency endoscopic repositioning was successfully performed and the patient's symptoms resolved. Twelve days later, we performed additional laparoscopic ileocaecal resection after the intussusception recurred. Histological assessment of the resected specimen revealed submucosal infiltration by adipose tissue, indicating lipohyperplasia of the ileocaecal valve (Fig 1, Panel B and C) (Fig. 1).

Lipohyperplasia of the ileocaecal valve is a relatively uncommon pathological entity characterized by the submucosal infiltration of adipose tissue in the ileocaecal valve [1]. Although the condition is often asymptomatic, it may lead to serious complications, such as appendicitis or intestinal obstruction [2, 3]. Clinicians should be aware that lipohyperplasia of the ileocaecal valve may be a possible cause in patients with adult intestinal intussusception.

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest to declare.

†These authors are contributed equally.

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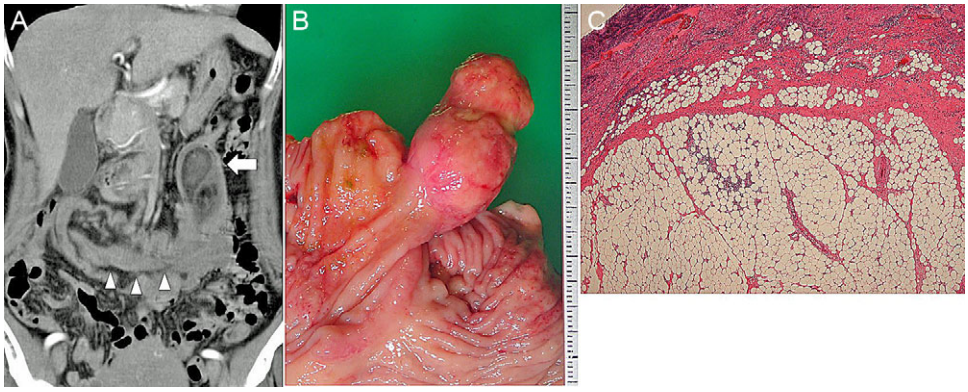

Figure 1: (**A**) Computed tomography of the abdomen showing a 6-cm sized fat-density tumour (arrow) with a pedicle (arrowheads) in the coronal view. (**B**) The resected specimen showing lipohyperplasia of the ileocaecal valve. (**C**) Histological assessment of the resected specimen revealed submucosal infiltration by adipose tissue in the ileocaecal valve.

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ETHICS APPROVAL

No approval is required.

CONSENT

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

GUARANTOR

Yoshito Kadoya is the guarantor of this article.

AUTHORS' CONTRIBUTIONS

All the authors made substantial contribution to the preparation of this manuscript and approved the final version for submission. Y.O. and Y.K. drafted the manuscript. T.K. revised the manuscript for critically important intellectual content and approved for final submission.

REFERENCES

1. Hamid HK, Ahmed I, Mohamed A, O'Hanrahan T. Ileocecal lipohyperplasia presenting as a chronic sideropenic anaemia. *BMJ Case Rep* 2013;**2013**. doi:10.1136/bcr-2012-008052.
2. Walke L, Christie AJ. Lipohyperplasia of ileocecal valve, causing recurrent intussusception. *Henry Ford Hosp Med J* 1990;**38**: 259–61.
3. Smith SR, Fenton L. Lipohyperplasia of the ileo-caecal valve causing appendicitis. *Aust N Z J Surg* 2000;**70**:76–7.