Asian Journal of Case Reports in Surgery

13(3): 5-8, 2022; Article no.AJCRS.86684

Free Lipoma in the Sac of Right Inguinal Hernia: A Case Report

Mohamed M. Elgeldawy [a*], Rami Al-Bikay [a] and Husain Aldukhi [a]

[a] *Department of General Surgery, Al-Adan Hospital, Kuwait.*

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Open Peer Review History:
This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: https://www.sdiarticle5.com/review-history/86684

Case Study

Received 24 February 2022
Accepted 01 May 2022
Published 07 May 2022

ABSTRACT

A 43-year-old male patient who was previously healthy, presented at the surgical outpatient clinic with a right inguinal hernia. On laparoscopy, a free lipoma was found inside the hernial sac.

Keywords: Peritoneal loose bodies; lipoma and Inguinal Hernia.

1. INTRODUCTION

Peritoneal loose bodies (PLBs) are usually seen intraoperatively or at autopsy. Sometimes, a peritoneal mouse can be considered a PLB [1]. It is generally accepted that the source of these bodies is the epiploic appendices via sequential processes of torsion, infarction, saponification, or calcification [2]. Usually, the PLBs are small (less than 1 cm) but Giant loose bodies (more than 5 cm) are very rare and only a few cases have been reported in the literature [2]. However, these bodies may grow to bigger dimensions and cause some symptoms such as urinary retention and intestinal obstruction [3-8]. The size of the peritoneal loose bodies is ranging from 2.5cm to 10.4 cm with a mean of 6.26 cm [7-10]. The PLBs are misinterpreted as intraabdominal tumors or foreign bodies and unnecessary surgical interventions are usually done [4]. However, surgical exploration may be the imperative method for definite management in some instances [5]. One of these PLBs is lipoma. Intraperitoneal lipoma is extremely rare [6].

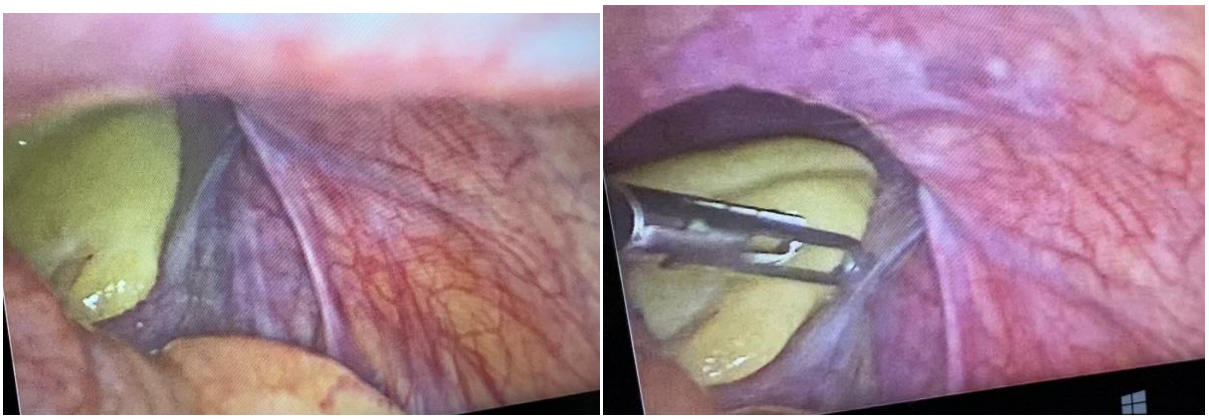
2. CASE HISTORY

A 43-year-old male patient who is previously healthy, presented at the outpatient clinic with a picture of an uncomplicated right side inguinal

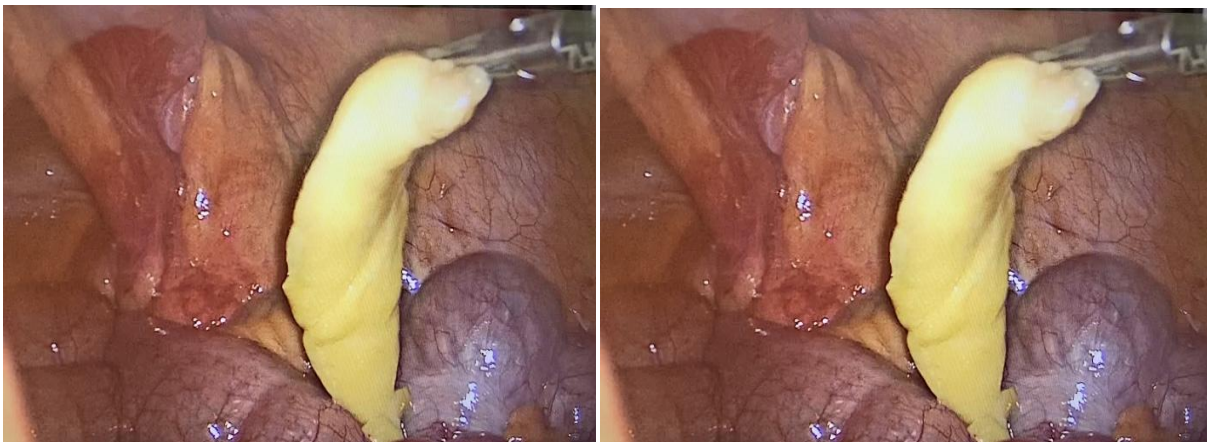
**Corresponding author: E-mail: thesurgeon76@yahoo.com;*

hernia. He was scheduled for laparoscopic hernia repair (TAPP repair). On laparoscopy, a free mass like lipoma was found inside the hernia sac, which was extracted easily by forceps and sent for histopathology. The gross picture of histopathological examination revealed a yellow adipose tissue fragment measuring 6.6 x 2.3 x .7 cm and microscopically showed mature fat cells with fat necrosis. The patient had a postoperative smooth course, and he was discharged home on the 1st postoperative day. After 15 days, the patient was seen in the surgical outpatient clinic, and he was completely asymptomatic.

Before seeing the lipoma

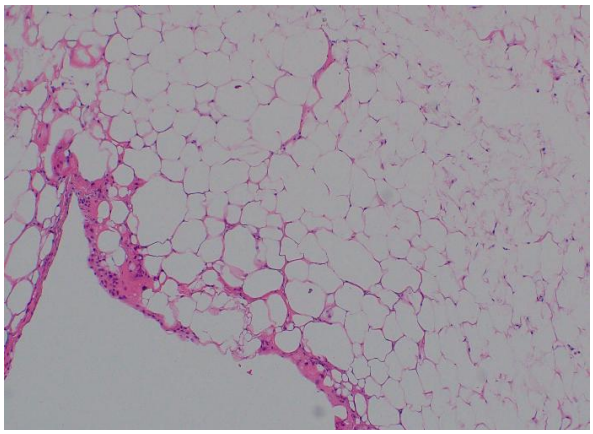


Seeing the lipoma



During extraction

Outside the abdomen



The histopathology

3. DISCUSSION

Giant loose bodies, also known as peritoneal mice, are extremely rare; that is why there are only a few cases in the literature [2]. Their pathogenesis has not been fully understood, although a theory suggests that it is a sequential process that begins with the torsion of an epiploica, followed by ischemia, saponification, or calcification.

As a result, the pedicle of these epiploica atrophies leading to its detachment from the colon surface, becoming a loose body [2-8]. It is difficult to diagnose these lesions, as almost all patients are asymptomatic, and can be found during abdominal exploration for other pathologies. Grossly, lipomas usually are oval, yellow, soft, and capsulated. Lipomas generally grow slowly and are mobile masses that do not infiltrate the surroundings [7]. The parietal and the visceral peritoneum are very sites for lipomas [11]. In our case, the lipoma was found free in the inguinal hernia sac.

4. CONCLUSIONS

The rarity of the peritoneal loose bodies is well established, and there are only a few cases in the literature. Still, their development is unclear. Asymptomatic patients require no treatment. However, surgical intervention may be required if these bodies are complicated with, for example, intestinal obstruction or if the diagnosis is in doubt.

We highly encourage the surgical community to document and share these types of cases to overcome the limitations of resources available within the literature.

CONSENT

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

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Kim HS, Sung JY, Park WS, Kim YW. A giant peritoneal loose body. Korean J. Pathol. 2013;47:378–82.
2. Desai HP, Tripodi J, Gold BM, Burakoff R. Infarction of an epiploic appendage: Review of the literature. J Clin Gastroenterol. 1993;16:323-5.
3. Takabe K, Greenberg JI, Blair SL. Giant peritoneal loose bodies. J Gastrointest Surg. 2006;10: 465-8.
4. Gayer G, Petrovitch I. CT diagnosis of a large peritoneal loose body: A case report and review of the literature. Br J Radiol. 2011;84:83–5.
5. Obaid M, Gehani S. Deciding to remove or leave a peritoneal loose body: a case report and review of literature. Am J Case Rep. 2018;19:854–7.
6. Prando A, Wallace S, Marins JL, Pereira RM, de Oliveira ER, Alvarenga M. Sonographic features of benign

intraperitoneal lipomatous tumors in children--report of 4 cases. Pediatr Radiol. 1990;20(8):571-4.
7. Nomura H, Hata F, Yasoshima T, Kuwahara S, Naohara T, Nishimori H, Nakasjima F, Yanai Y, Ono K, Hirata K: Giant peritoneal loose body in the pelvic cavity: Report of a case. Surg Today. 2003;33(10):791-793.
8. Bhandarwar AH, Desai VV, Gajbhiye RN, Deshraj BP. Acute retention of urine due to a loose peritoneal body. Br J Urol. 1996;78:951-2.
9. Rubinkiewicz M, Kenig J, Zbierska K, Lasek A. Autoamputated leiomyoma of the uterus as a rare cause of the mechanical bowel obstruction − Report of acase. Pol Przegl Chir. 2014;86(7):341–4.
10. Borg SA, Whitehouse GH, Griffiths GJ. A mobile calcified amputated appendix epiploica. Am J Roentgenol. 1976;127: 349–50.
11. Enzinger FM, Weiss SW: Soft Tissue Tumors (ed 3). St Louis, MO, Mosby. 1995;384-405.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/86684