

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

Mohamed Marzouk Elgeldawy*, Rami Al-Bikay and Husain Aldukhi

Pioneer Department of General Surgery, Al-Adan Hospital, Kuwait

*Corresponding author: Elgeldawy MM, Pioneer Department of General Surgery, Al-Adan Hospital, Kuwait, Tel: +965 2394 5619; E-mail: thesurgeon76@yahoo.com

Received: May 26, 2022; Accepted: June 06, 2022; Published: June 14, 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; Inguinal hernia*

1. Introduction

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

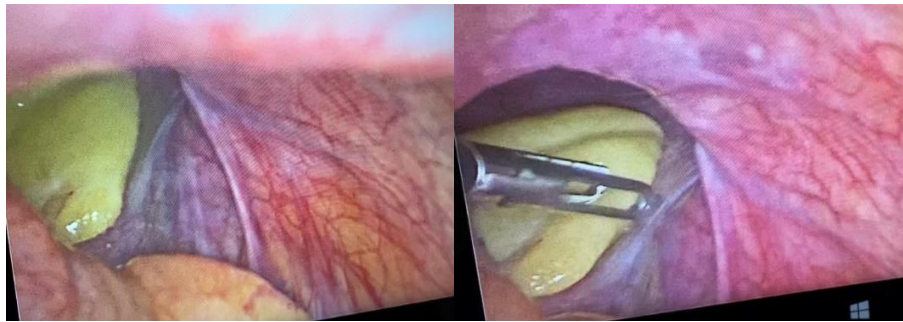
2. Case History

A 43-year-old male patient who is previously healthy, presented at the outpatient clinic with a picture of an uncomplicated right side inguinal 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 $6.6 \times 2.3 \times .7$ 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.



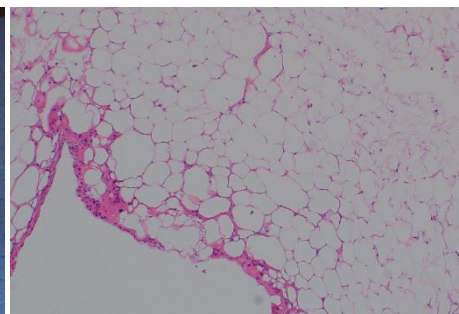
Seeing the lipoma.



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 [1]. 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 [1-7]. 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 [6]. 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. Conclusion

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.

5. Consent

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

6. Competing Interests

Authors have declared that no competing interests exist.

REFERENCES

1. Desai HP, Tripodi J, Gold BM, et al. Infarction of an epiploic appendage: review of the literature. *J Clin Gastroenterol.* 1993;16(4):323-5.
2. Takabe K, Greenberg JI, Blair SL. Giant peritoneal loose bodies. *J Gastrointest Surg.* 2006;10(3):465-8.
3. 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(1000):e83-5.
4. 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.
5. Prando A, Wallace S, Marins JL, et al. Sonographic features of benign intraperitoneal lipomatous tumors in children--report of 4 cases. *Pediatr Radiol.* 1990;20(8):571-4.
6. Nomura H, Hata F, Yasoshima T, et al. Giant peritoneal loose body in the pelvic cavity: report of a case. *Surg Today.* 2003;33(10):791-3.
7. Bhandarwar AH, Desai VV, Gajbhiye RN, et al. Acute retention of urine due to a loose peritoneal body. *Br J Urol.* 1996;78(6):951-2.

8. Kim HS, Sung JY, Park WS, et al. A giant peritoneal loose body. *Korean J Pathol.* 2013;47(4):378-82.
9. Rubinkiewicz M, Kenig J, Zbierska K, et al. Autoamputated leiomyoma of the uterus as a rare cause of the mechanical bowel obstruction - report of a case. *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(2):349-50.
11. Enzinger FM, Weiss SW. *Soft Tissue Tumors.* 3rd ed. St Louis, MO: Mosby, USA; 1995. 384-405 p.