Colonic lipomas are benign adipose colonic mesenchymal tumor. They are usually asymptomatic and usually diagnosed as “pillow sign” in either screening or diagnostic colonoscopy. Pillow sign is defined as indention of colonic tumors with the use of the biopsy forceps during colonoscopy. Here, we report a 62-year-old-asymptomatic female with pillow sign in screening colonoscopy.

**Keywords:** pillow sign, colonic lipoma, benign large lipoma of large bowel

**Case report**

A 62-year-old female with past medical history of hypertension and osteoarthritis was referred from her primary care physician for age-appropriate screening colonoscopy. She denies nausea, vomiting, abdomen pain, fever, weight loss, hematochezia, loss of weight or loss of appetite. She has significant family history of colon cancer in her mother at the age of 80. Physical examination and routine labs were insignificant. After standardized bowel preparation, she underwent screening colonoscopy. On colonoscopy, a 3 cm lipomatous lesion was seen in the ascending colon with a positive “pillow sign”. Multiple diverticuli are found in the descending colon and sigmoid colon.

**Conclusion**

Colonic lipomas are accidentally found during diagnostic or screening colonoscopy. They are usually asymptomatic but can sometimes present with complications such as vague abdomen pain, bleeding per rectum, intestinal obstruction, or intussusception particularly in large lipoma larger than 2 cm. Management depends on size and presenting symptoms. However, there is no proper guideline to follow up for those less than 2 cm asymptomatic colonic lipomas. The size of the stalk is more important than the size of lipoma in considering endoscopic removal.

**Discussion**

Colonic lipomas are benign non-epithelial adipocyte hyperplasia of the gastro-intestinal tract. They are the second common benign large bowel tumor after adenomatous polyps. They are mesenchymal lesions of the large bowel; may be single or multiple and broad based or pedunculated. Rarely, they transform to liposarcoma. Almost all the colonic lipomas are found in the submucosa (90%) and in a few cases, they are found in sub-serosa and intra-mucosa. The incidence rate varies from 0.2% to 4.4%. In order of decreasing frequency, lipomas can be seen in the ascending colon with a positive “pillow sign”. Multiple diverticuli are found in the descending colon and sigmoid colon.

**Keywords:** pillow sign, colonic lipoma, benign large lipoma of large bowel

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lesion in submucosa but often atypical heterogenous or hypoechoic mass can be appeared⁴. EUS can also assist to determine whether the stalk of colonic lipoma contain serosa components or not to avoid complications before the interventions.

Management depends on size and symptomatology of colonic lipoma. There is no proper guideline for the necessity and frequency to follow up for those less than 2 cm asymptomatic colonic lipomas. Endoscopic resection techniques such as snare resection, endoloop ligation are increasing popularity in treating symptomatic colonic lipomas though there is a risk of perforation particularly gigantic lipomas. Surgical treatments including segmentectomy or hemicolecction are mostly reserved for large or colonic lipomas associated with complications. In the literature, using snare electrocautery, endoscopic removal of large pedunculated large tumor more than 2 cm (as large as 11 cm) is safe.⁵

Regarding large lipomas, the size of the stalk is the key compared to size of lipoma in considering endoscopic removal. Endoloop ligation of colonic lipomas has a promising trend in management for large lipomas and has been succeeded in removal of lipomas from muscular is propria if the tumors are massive with long stalk.⁶

![Figure 1](image)

**Figure 1** A 3cm lipomatous lesion seen in the ascending colon with a positive “Pillow sign”.

**Conflict of interests**

The authors declare there is no conflict of interest.

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**References**

1. Vecchio R, Ferrara M, Mosca F, et al. Lipomas of the large bowel. The European journal of surgery. 1996;162(11):915–9.
2. Bahadursingh AM, Robbins PL, Longo WE. Giant submucosal sigmoid colon lipoma. The American journal of surgery. 2003;186(1):81–2.
3. Gupta AK, Mujoo V. Spontaneous autoamputation and expulsion of intestinal lipoma. J Assoc Physicians India. 2003;51:833.
4. Shepherd BD, Merchant N, Fasig J, et al. Endoscopic ultrasound diagnosis of pelvic lipoma causing neurologic symptoms. Digestive diseases and sciences. 2006;51(8):1364–6.
5. Stone C, Weber HC. Endoscopic removal of colonic lipomas. The American journal of gastroenterology. 2001;96(4):1295.
6. Kaltenbach T, Milkes D, Friedland S, et al. Safe endoscopic treatment of large colonic lipomas using endoscopic looping technique. Digestive and Liver Disease. 2008;40(12):958–61.