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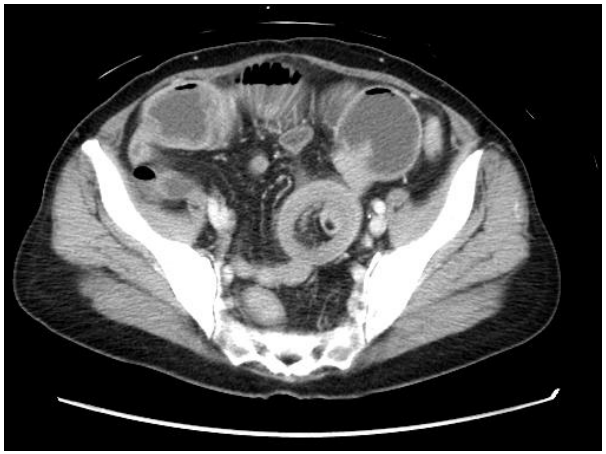


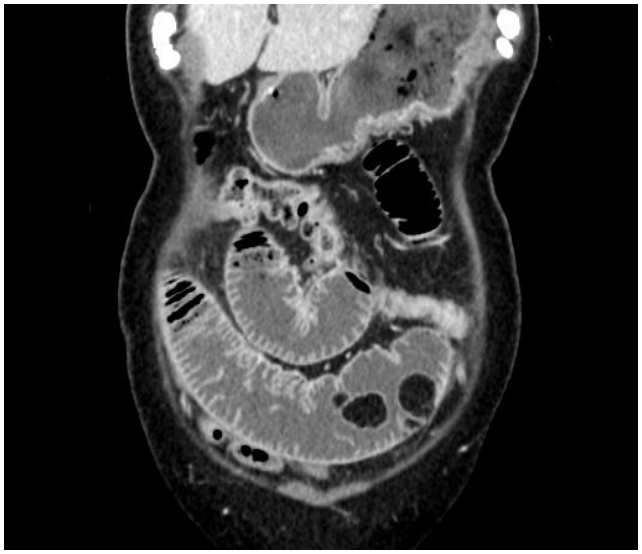


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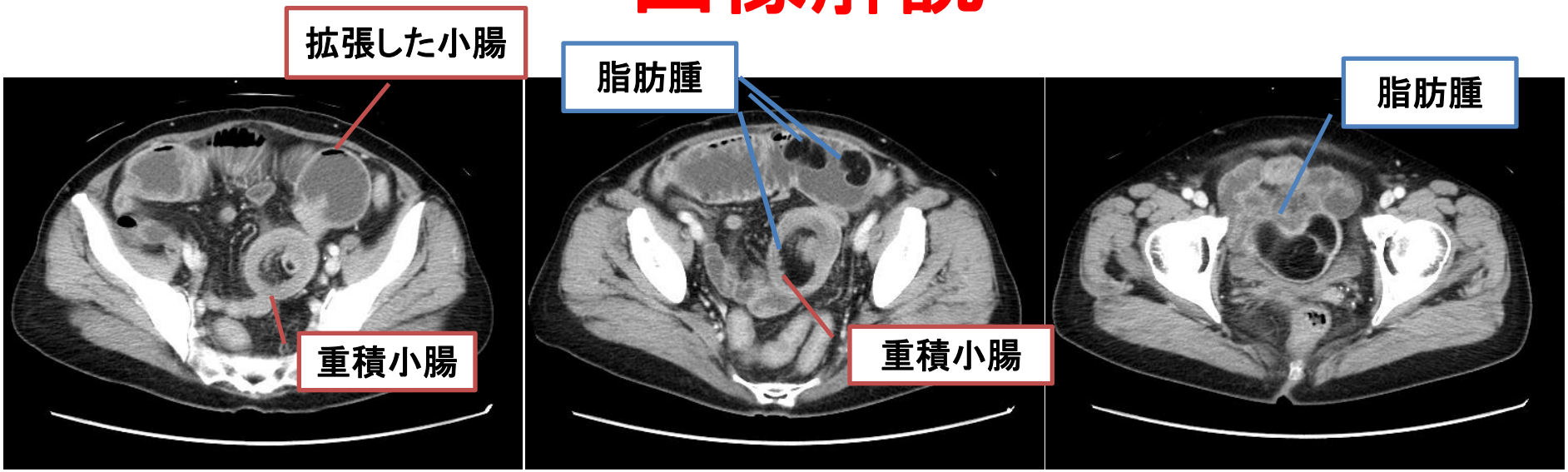

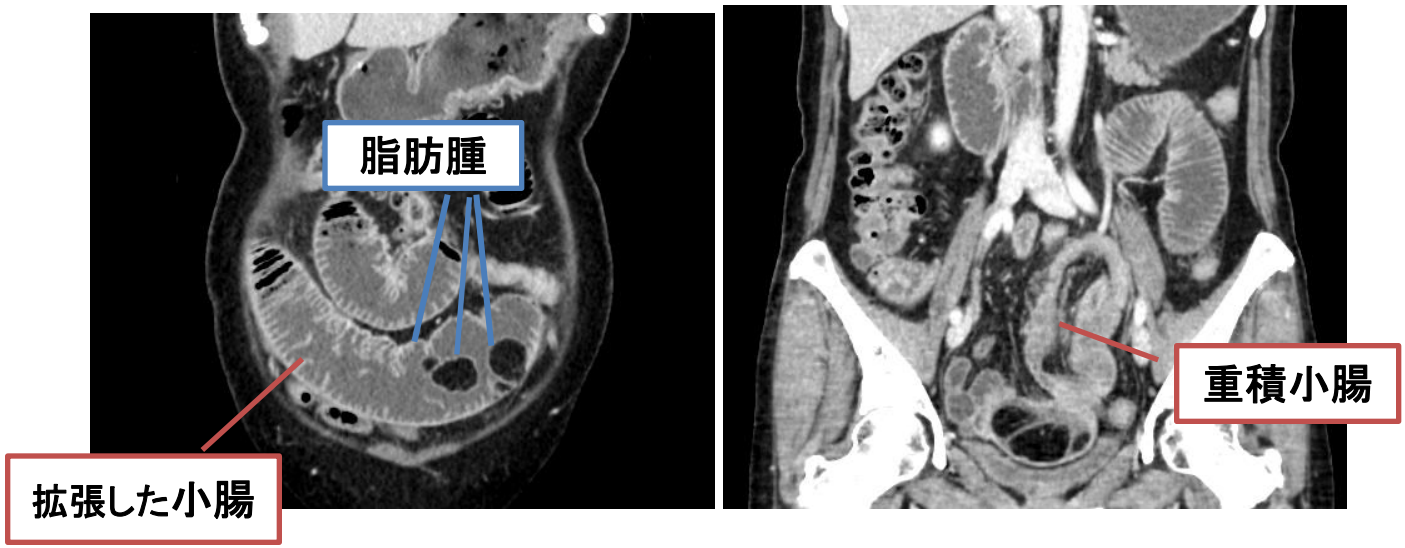


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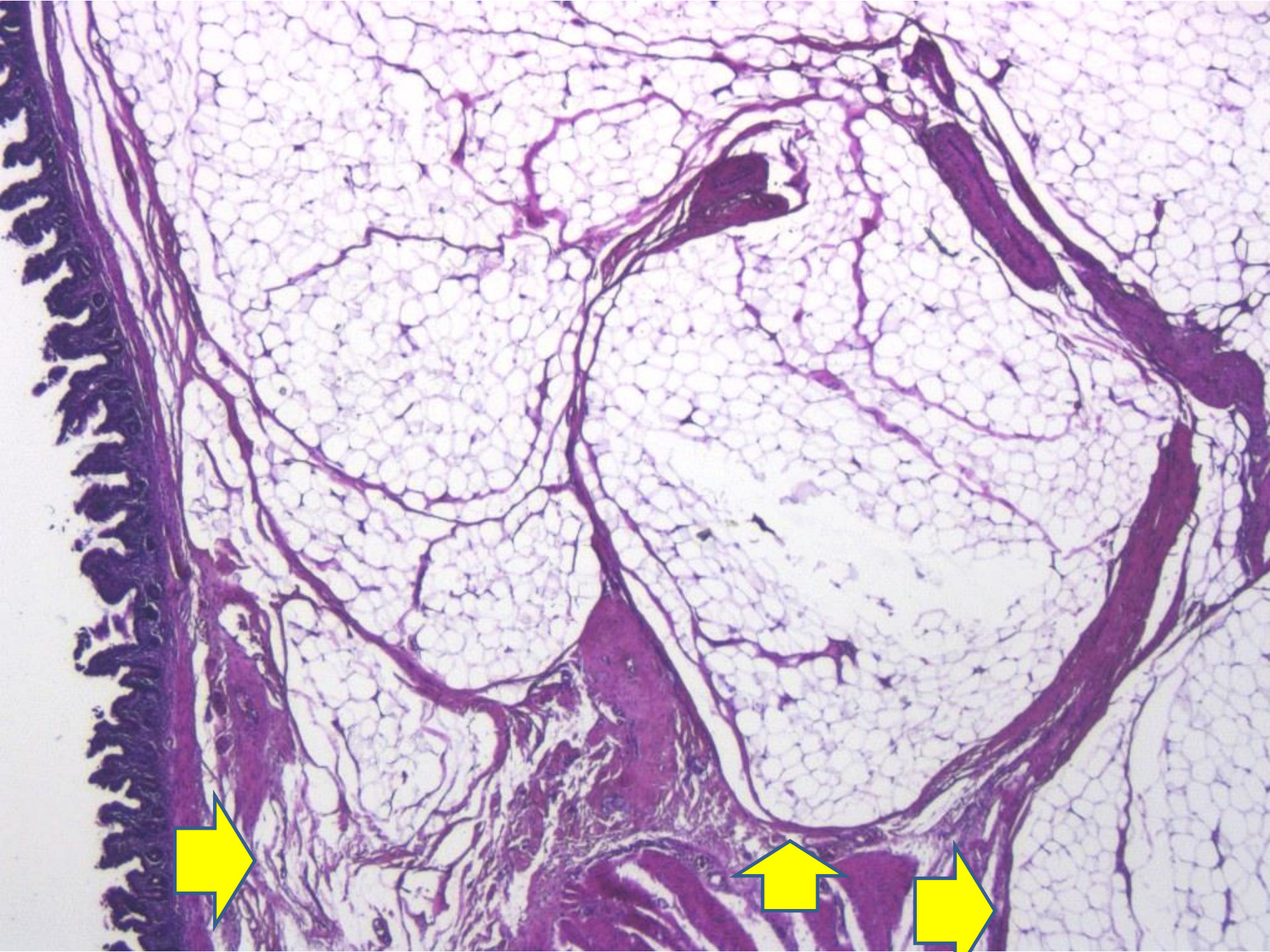
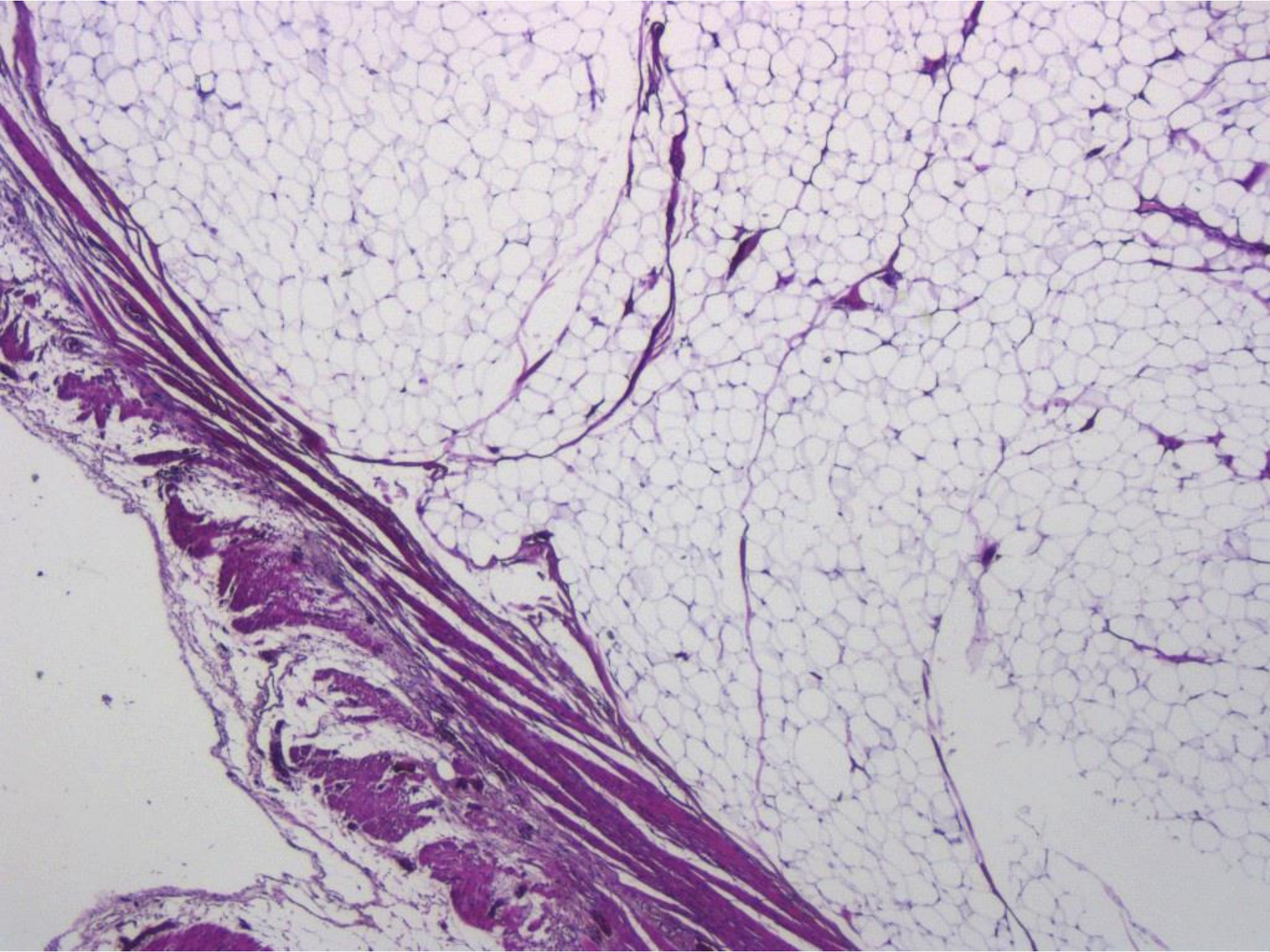
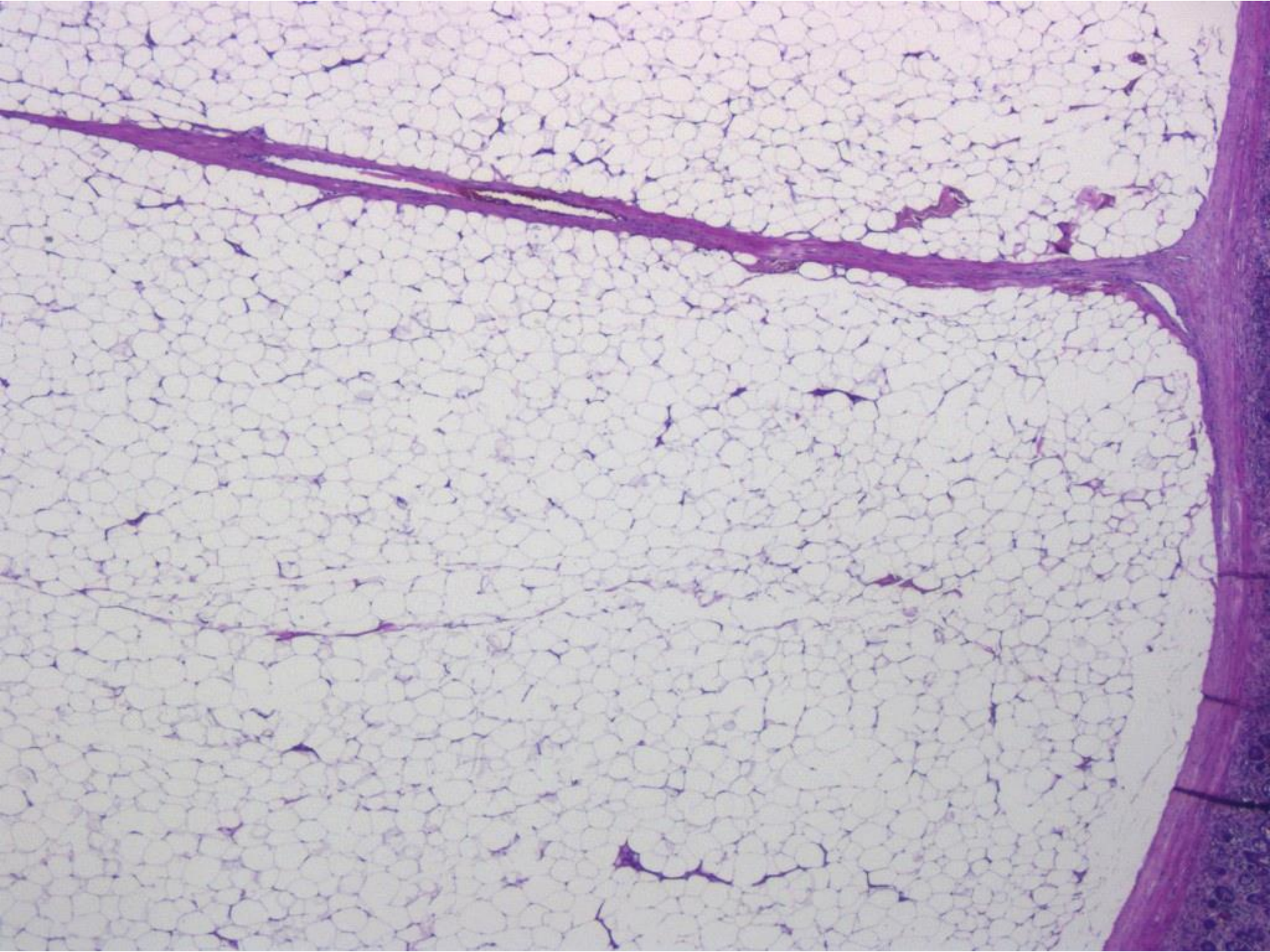
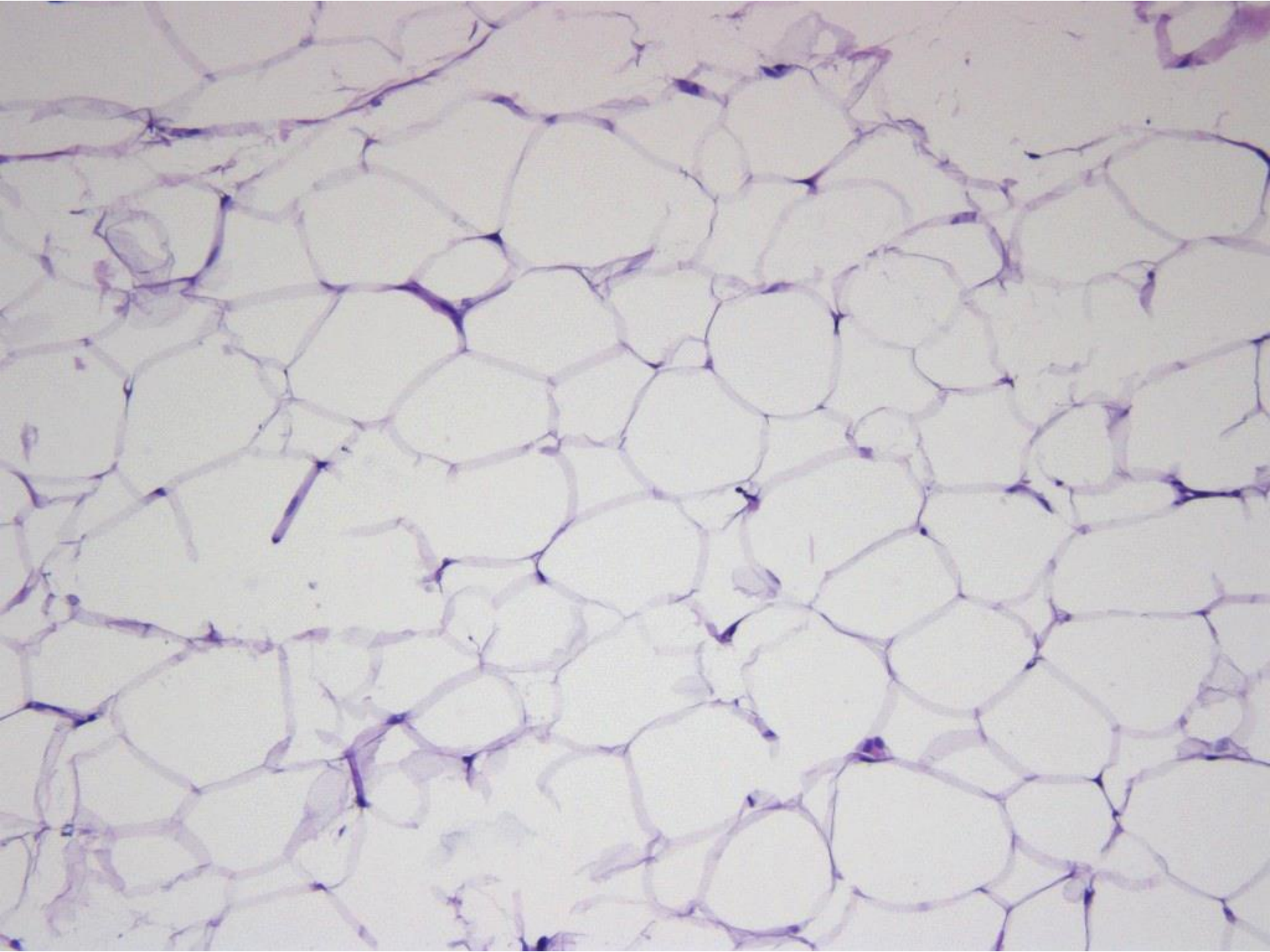
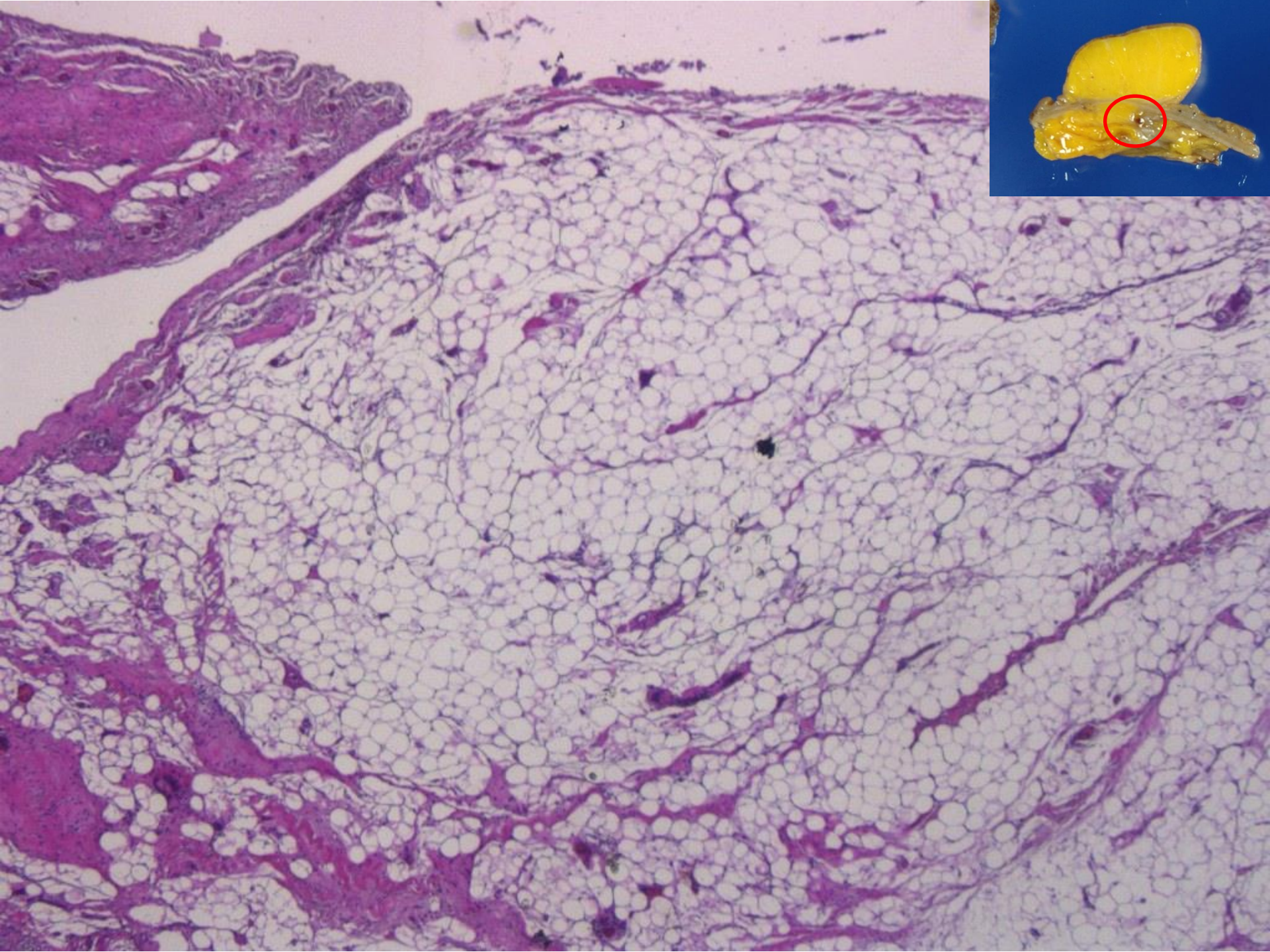




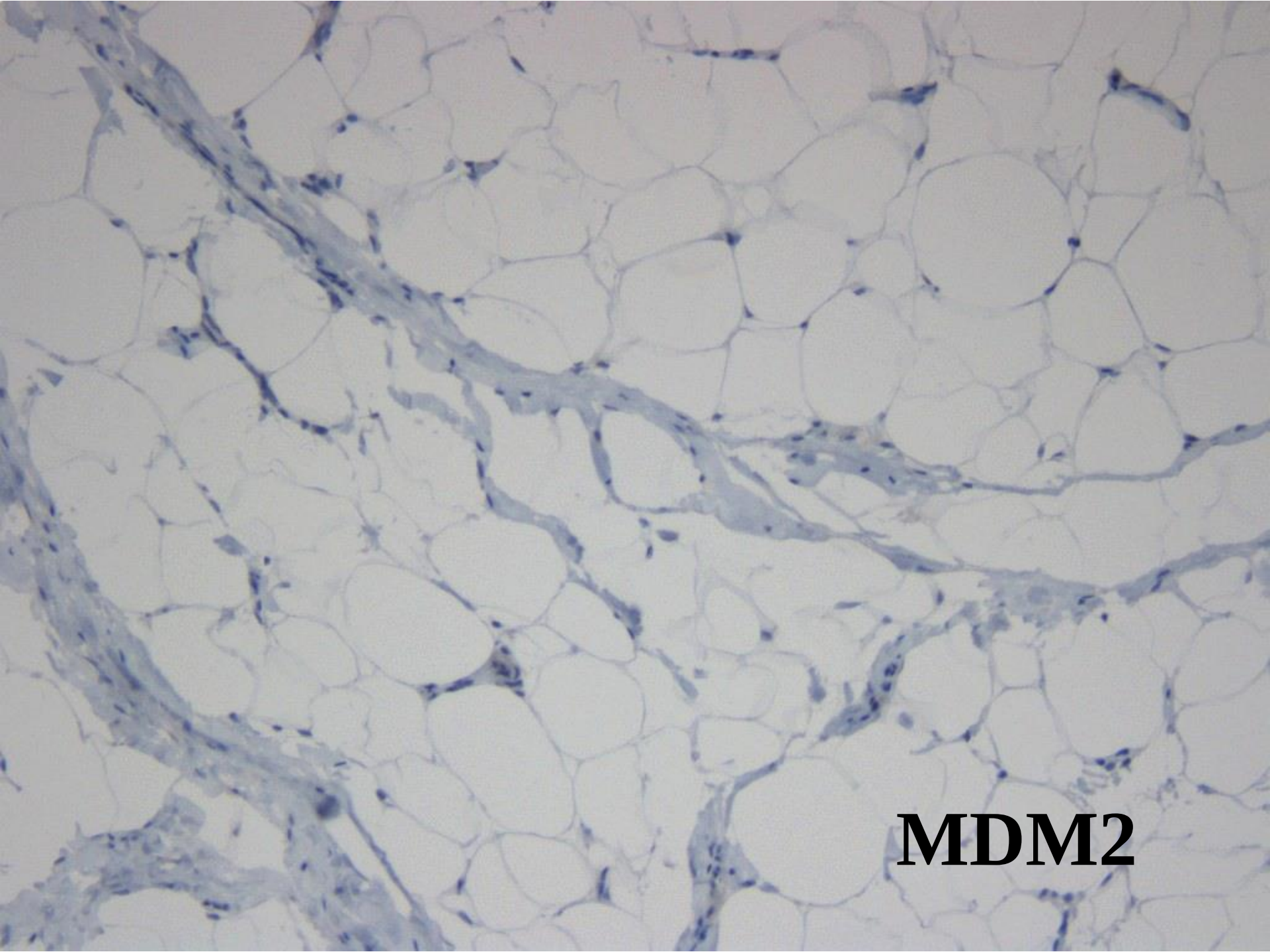






Differential Diagnosis

1) Lipomatosis
2) Multiple lipomas
3) Angiolipoma
4) Liposarcoma
5) Others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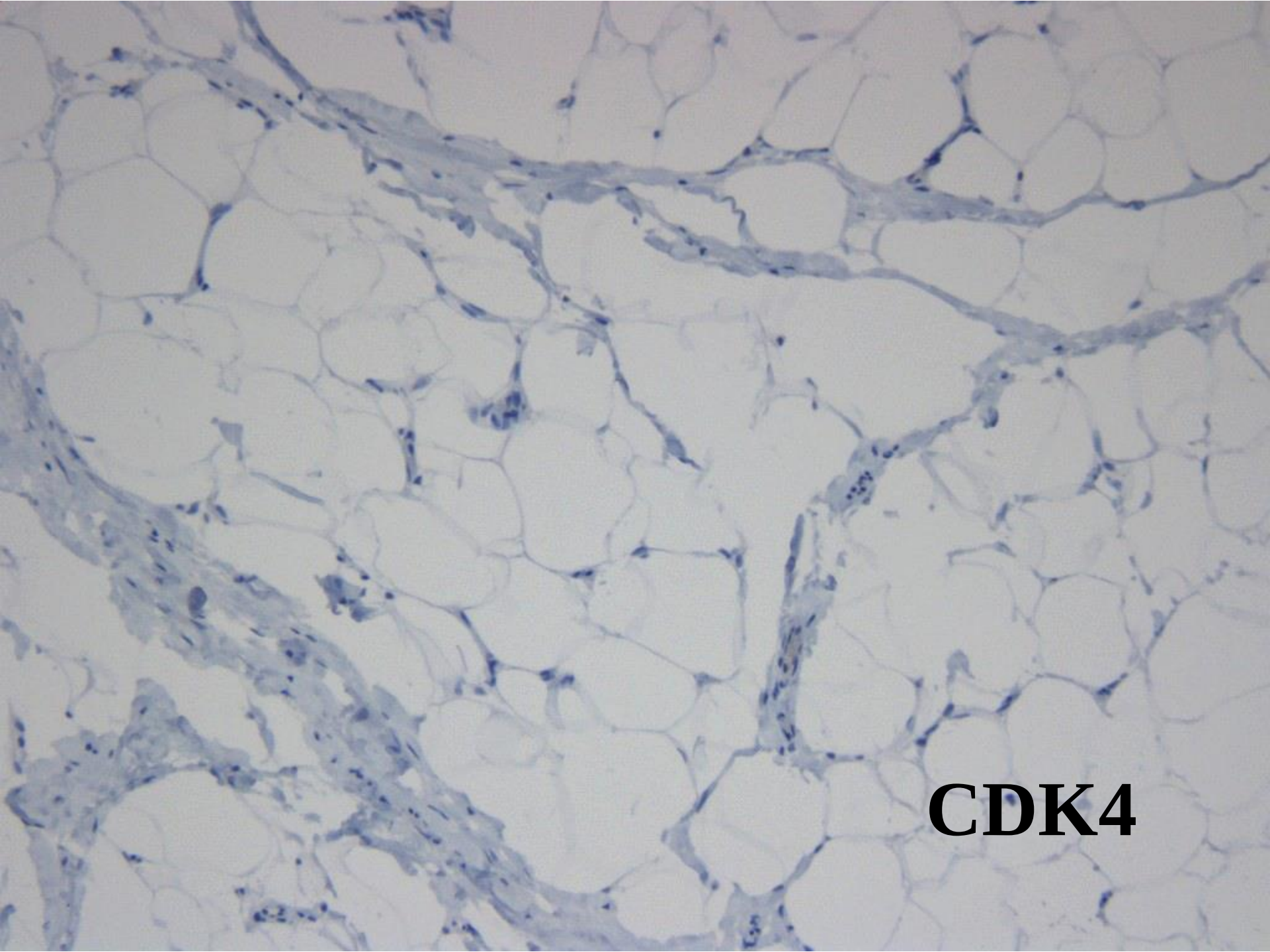
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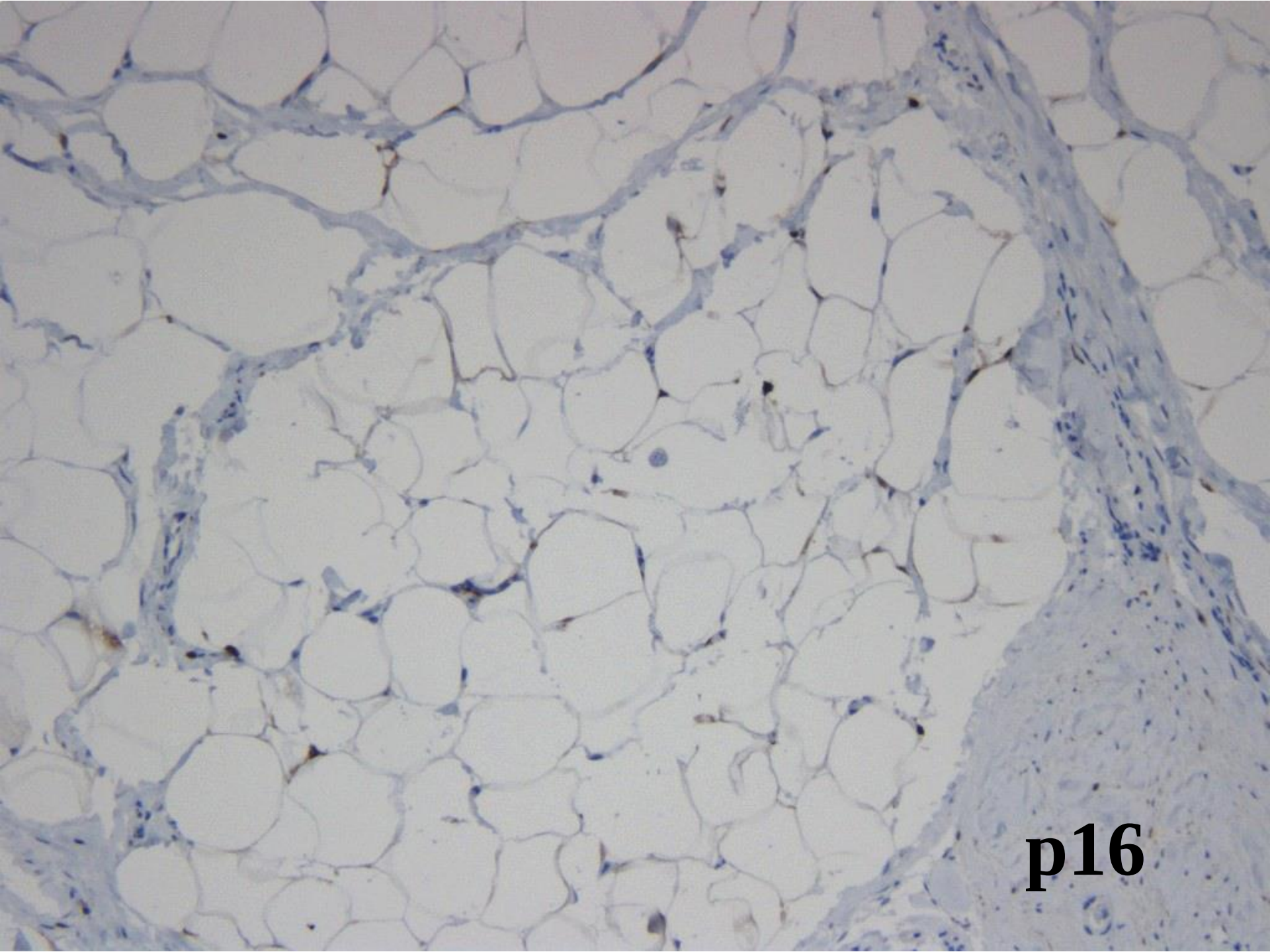
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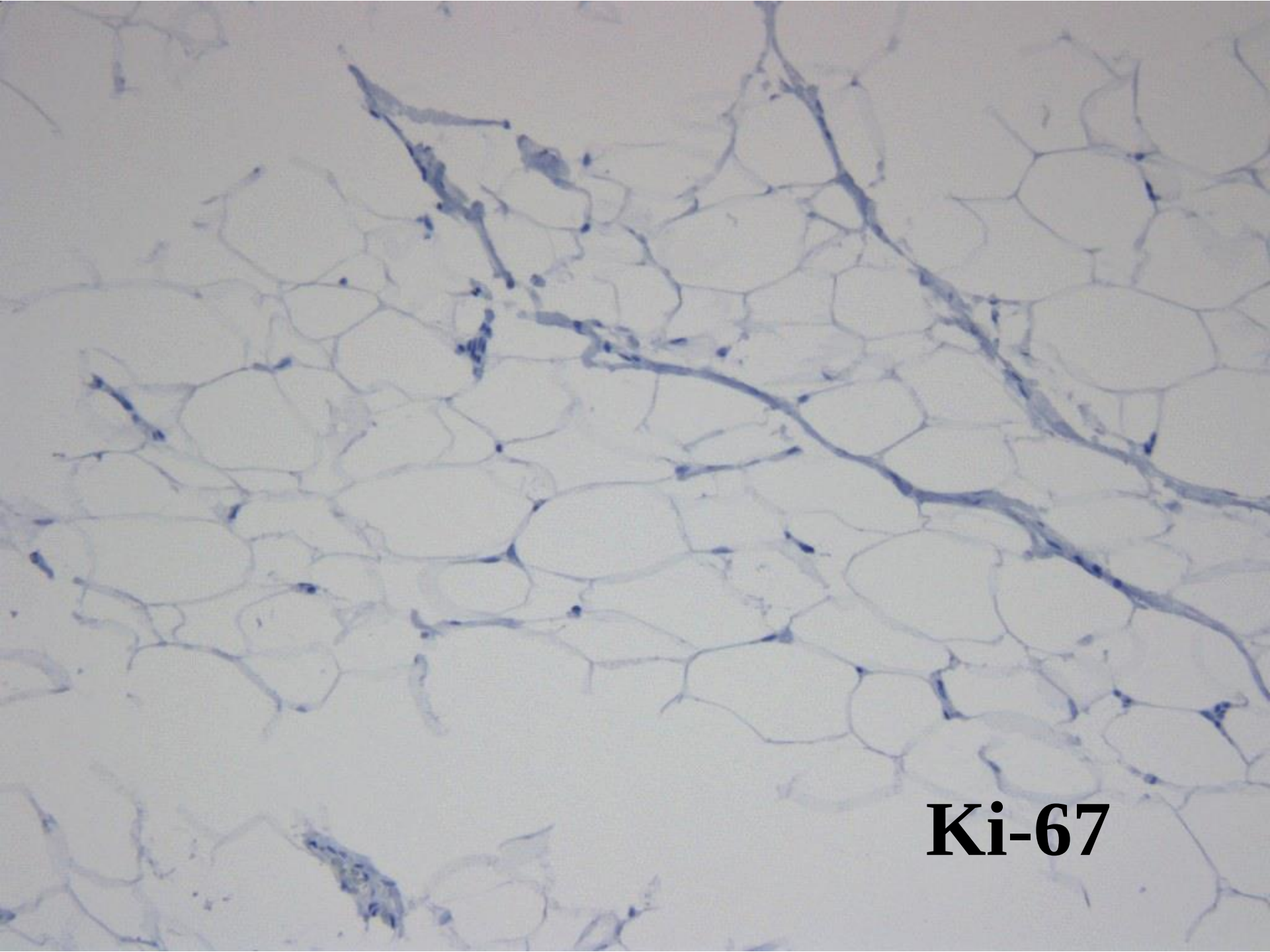
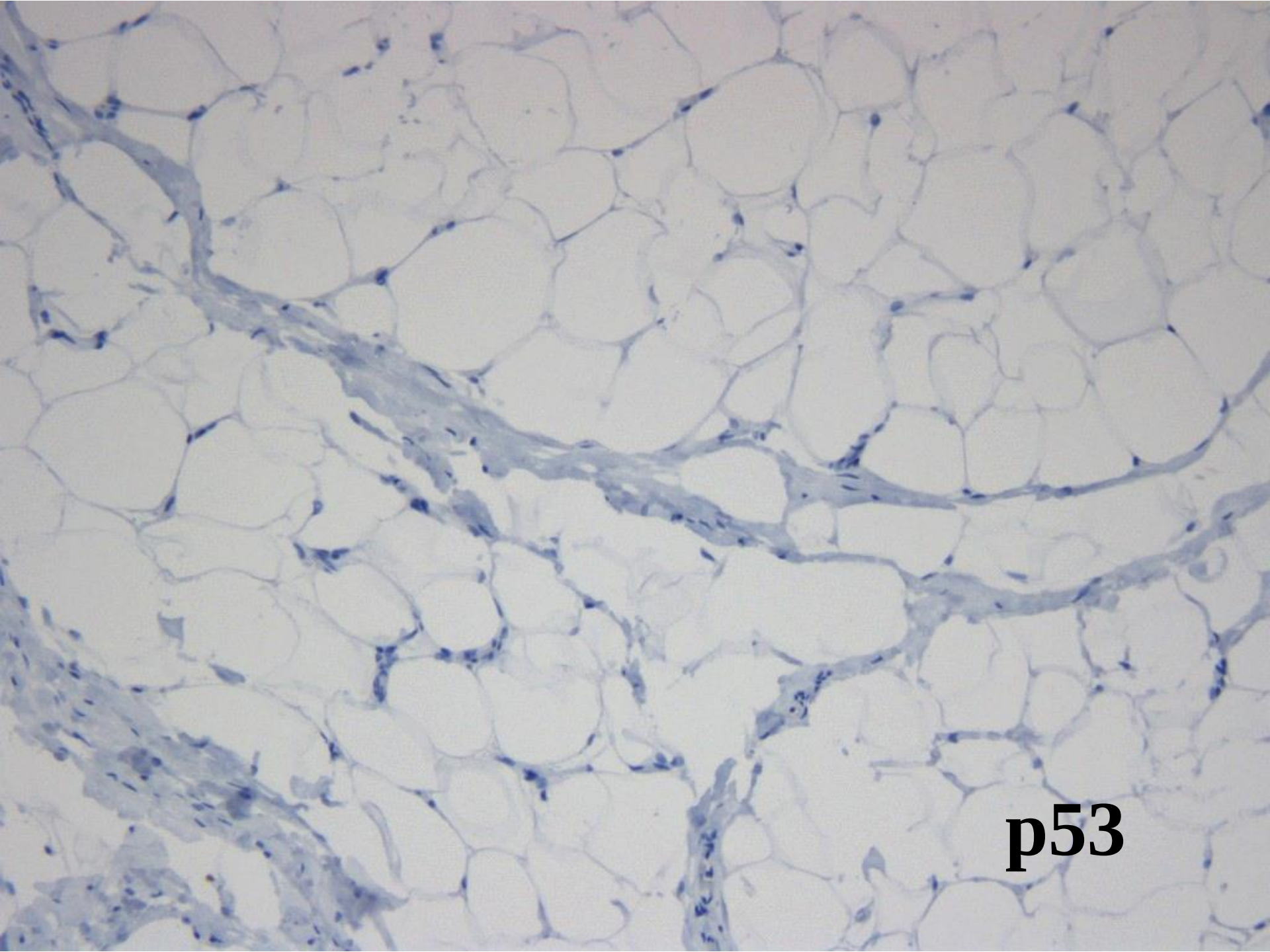

Ki-67


p53

Gut, 1969, **10**, 587-589

Hypertrophy of the appendices epiploicae and lipomatous polyposis of the colon

VALENTINE A. J. SWAIN, WINIFRED F. YOUNG, AND ELIZABETH M. PRINGLE

From the Queen Elizabeth Hospital for Children, London

Case report

Br. J. Surg. 1993, Vol. 80, March, 349–350

Lipomatous polyposis of the colon

J. M. Ramírez, J. Ortego*, J. Deus, E. Bustamante, R. Lozano and M. Dominguez*

*Departments of Surgery and *Pathology, Hospital Clínico Universitario, Zaragoza, Spain*

Correspondence to: Dr J. M. Ramírez, Servicio de Cirugía A, Hospital Clínico Universitario, 50 009 Zaragoza, Spain

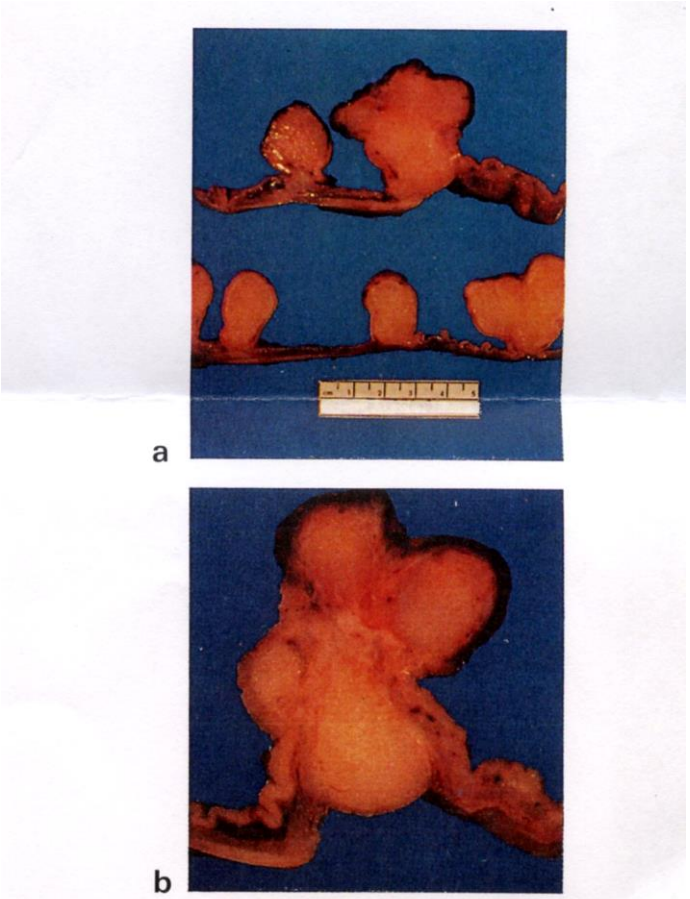


Figure 2 **a** *Segment of colon showing submucosal and subserosal location of lipomas.* **b** *Dumb-bell lipoma*

Lipomatous Polyposis of the Colon with Multiple Lipomas of Peritoneal Folds and Giant Diverticulosis

Report of a Case

J-Ph. Brouland, M.D., Ph.D.,* B. Poupard, M.D.,† J. Nemeth, M.D.,* P. Valleur, M.D.†

*From the Services *d'Anatomie et de Cytologie Pathologiques and †de Chirurgie Viscérale, Hôpital Lariboisière, Paris, France*

Dis Colon Rectum 2000;43:1767-1769.

Figure 1. Left hemicolectomy with multiple soft sessile polypoid formations of the mucosa (➤) and large diverticula (→).

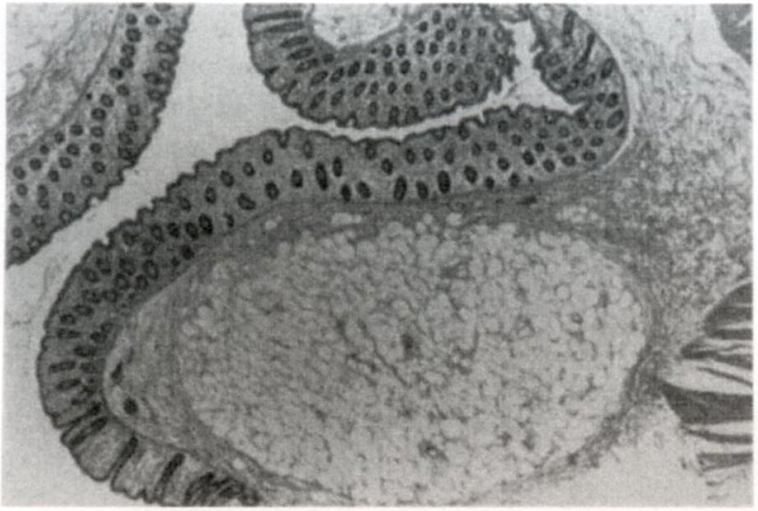


Figure 2. Submucous lipoma appearing as nodule of mature adipose lobules underlined by a thin fibrous capsule and covered by normal colon mucosa. (Hematoxylin-eosin-saffron; ×30).

Lipomatosis of the Ileocecal Valve *

PHILIP G. CABAUD, M.D., LOIS T. HARRIS, M.D.

From the Department of Pathology, The Brooklyn Hospital, Brooklyn, New York

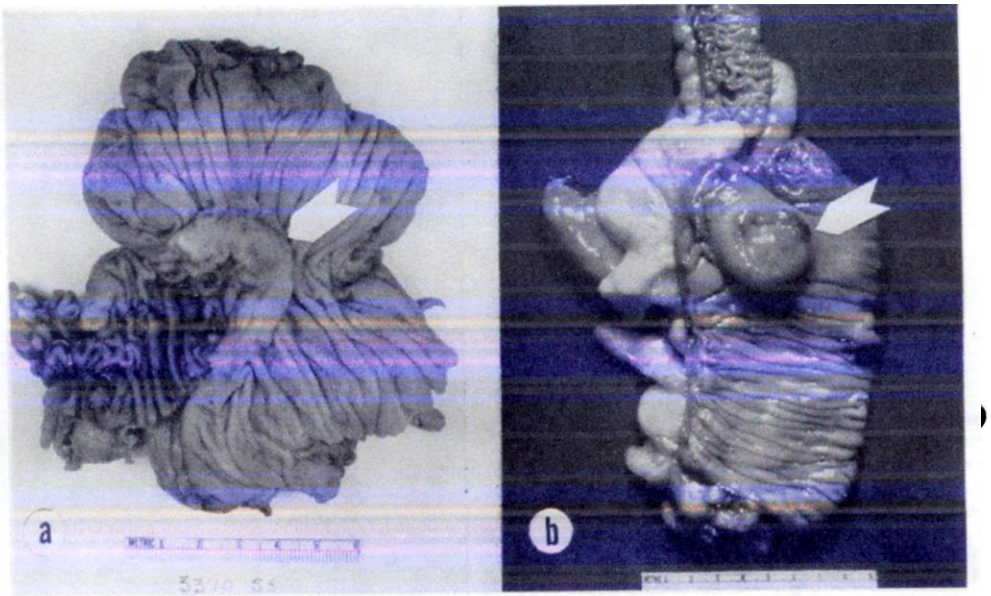


FIG. 1. Lipomatosis of ileocecal valve. Resected specimens. a: Case No. 6. Ileocecal valve transected. b: Case No. 1. Fatty ileocecal valve protruding into cecum.

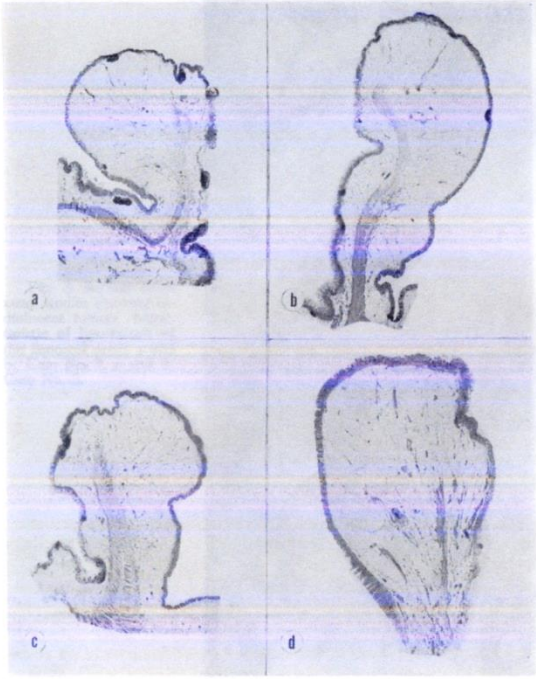


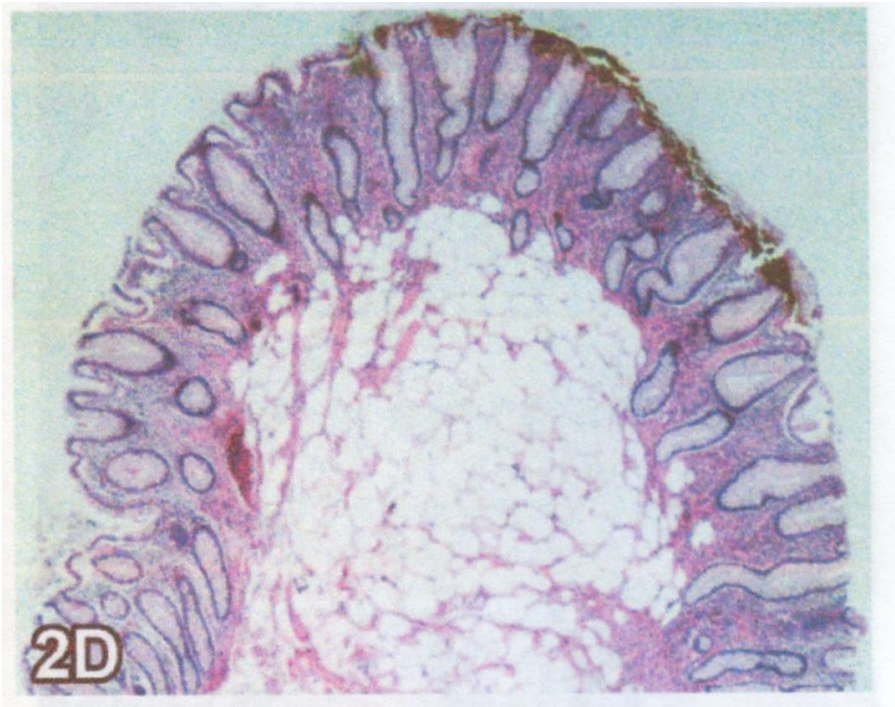
FIG. 2. Photomicrographs of cross sections through ileocecal valves with submucosal infiltration of adipose tissue. a: Case No. 3. b: Case No. 7. c: Case No. 8. d: Case No. 9. (From × 8.)

Hamartomatous Polyps of the Colon

Ganglioneuromatous, Stromal, and Lipomatous

Owen T. M. Chan, MD, PhD; Parviz Haghighi, MD

(*Arch Pathol Lab Med.* 2006;130:1561–1566)



×400). C, The ganglion and surrounding cells demonstrate immunoreactivity to S100 (original magnification ×100). These cells envelop the overlying glands. D, Lipomatous polyp with mucosal and submucosal expansion of adipose tissue (hematoxylin-eosin, original magnification ×20). These microscopic views originate from the colon of the patient in this case report.

World Journal of Gastroenterology

Online Submissions: http://www.wjgnet.com/1007-9327office
wjg@wjgnet.com
doi:10.3748/wjg.v16.i17.2190

World J Gastroenterol 2010 May 7; 16(17): 2190-2192
ISSN 1007-9327 (print)

CASE REPORT

Partial intestinal obstruction secondary to multiple lipomas within jejunal duplication cyst: A case report

Xin-Yue Wan, Tao Deng, He-Sheng Luo

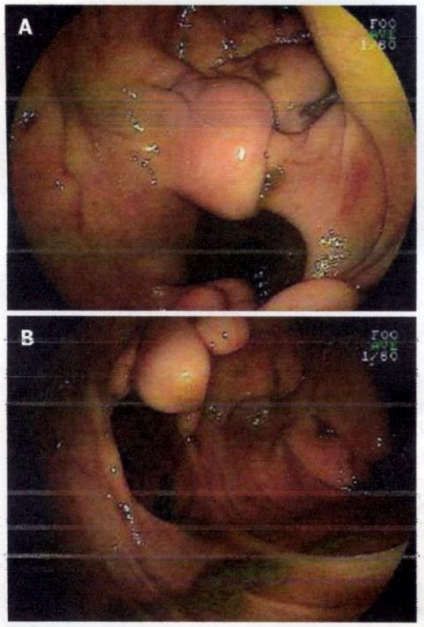


Figure 1 Double-balloon endoscopy (DBE) by the oral approach revealing several rounded protuberances in the jejunum (B) and a diverticulum-like hole (A).

Figure 2 Resected specimen of jejunal tissue. A: Macroscopic appearance of the resected specimen with seven remarkably dilated cysts; B: Microscopic appearance of resected tissue showing multiple lipomas lining within intestinal wall (HE, × 20).

THE NEW ZEALAND MEDICAL JOURNAL
Vol 120 No 1267 ISSN 1175 8716

Multiple lipomatosis—a rare cause for small bowel intussusception

Marianne Lill, Barrie Berkeley, Gary Cooper

We report a case of multiple lipomatosis of the jejunum with suspected intermittent intussusception and spontaneous reduction over several months.

Figure 1. CT scan showing "bulls eye" lesion (arrowed) suggestive of intussusception

Figure 2. Area adjacent to small bowel mesentery

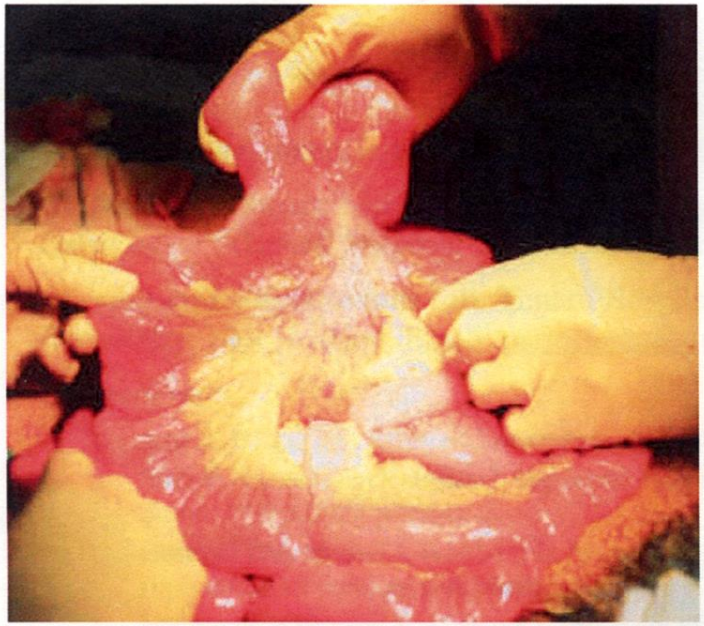


Figure 3. Multiple submucosal polyps

Obscure gastrointestinal bleeding caused by intestinal lipomatosis: double-balloon endoscopic and laparoscopic views

Fig. 1 Double-balloon endoscopy showed small-bowel lipomatosis, with twisted pedunculated lesions located in the distal jejunum.

Fig. 2 Pedunculated lesions with signs of ischemia (redness, edema, and apical erosions).

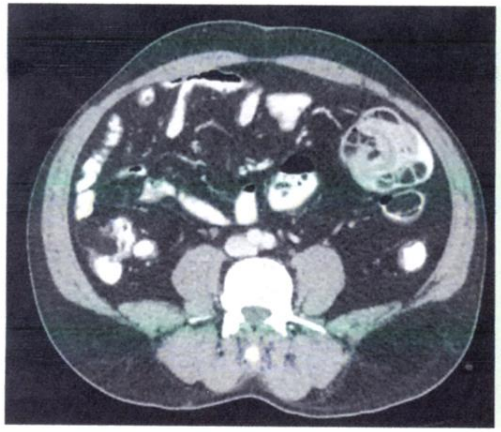


Fig. 3 Abdominal computed tomography scan showing intussusception.

Fig. 4 At laparoscopy, an area of small-bowel intussusception was seen.

Video 1

Small-bowel endoscopy, demonstrating intestinal lipomatosis, and laparoscopy, showing small-bowel intussusceptions.

Fig. 5 At laparotomy, an area of intussusception was observed.

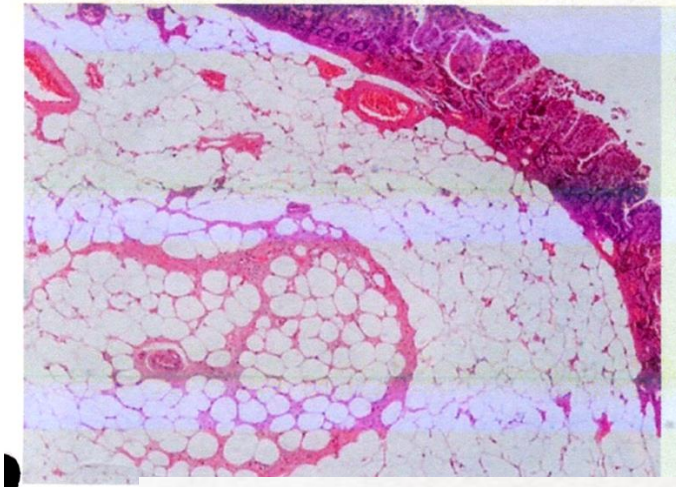


Fig. 6 Histological analysis of the surgical specimens revealed lipomatosis (hematoxylin and eosin, ×10).

Radiat Med (2007) 25:480–483
DOI 10.1007/s11604-007-0162-2

CASE REPORT

Extensive lipomatosis of the small bowel and mesentery: CT and MRI findings

Takanobu Komagata · Shigeo Takebayashi
Kingo Hirasawa · Takuma Fukawa · Mito Arai

World Journal of Gastroenterology

Online Submissions: http://www.wjgnet.com/esps/
bpgoffice@wjgnet.com
doi:10.3748/wjg.v20.i8.2117

World J Gastroenterol 2014 February 28; 20(8): 2117-2119
ISSN 1007-9327 (print) ISSN 2219-2840 (online)

CASE REPORT

Ileo-colonic intussusception secondary to small-bowel lipomatosis: A case report

Peng-Ji Gao, Lei Chen, Fu-Shun Wang, Ji-Ye Zhu

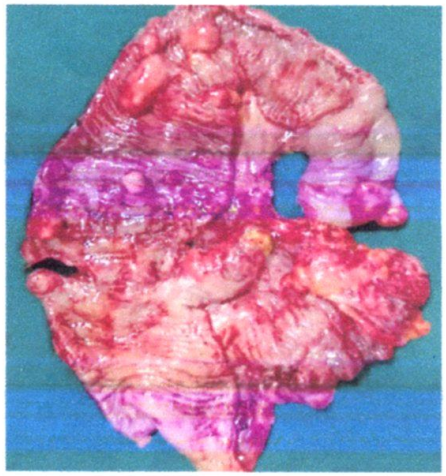


Figure 2 Multiple lipomas can be seen in the gross specimen.

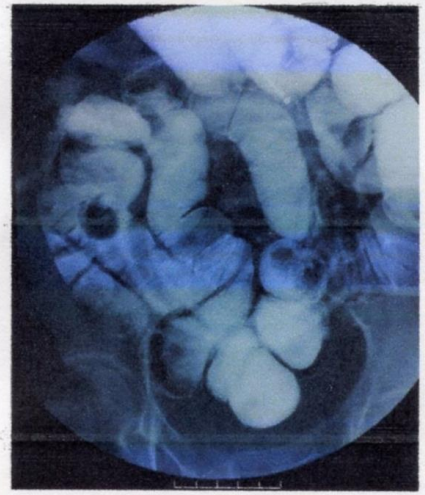


Figure 3 Small intestinal double contrast radiography revealed multiple submucosal masses in the small intestine.

Lipomatosis of the small intestine: Detection and endoscopic unroofing by single-balloon enteroscopy

Digestive Endoscopy 2013; **25**: 84–93

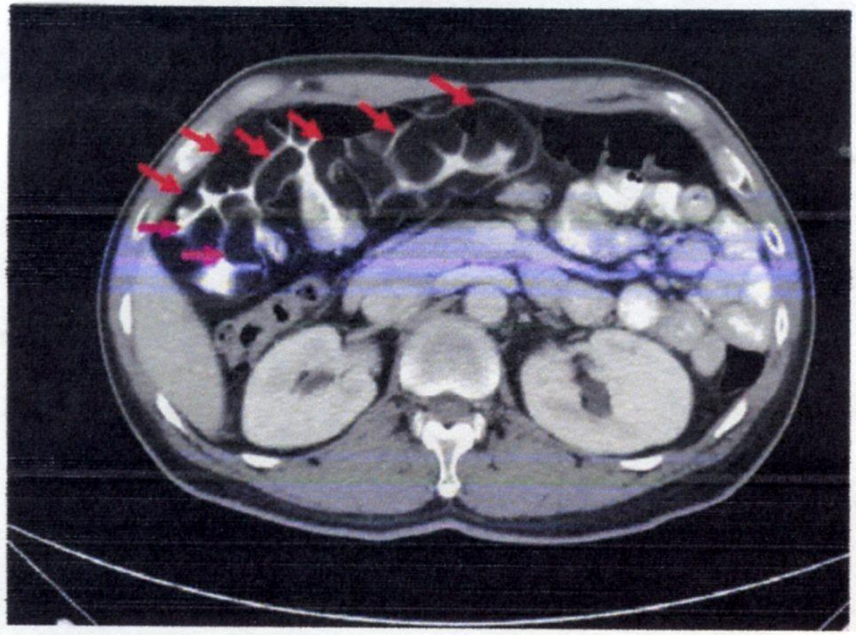


Figure 1 Abdominal computed tomography (transverse view) revealed diffuse and multiple intramural fat density masses (arrows) in the long segment of the small intestine.

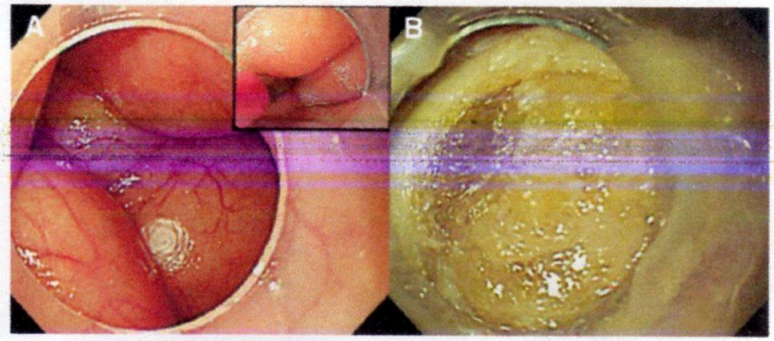


Figure 2 (A) Single-balloon enteroscopy showed multiple yellowish polypoid lesions within the ileum. These lesions show the 'cushion' or 'pillow' sign (upper right inset). (B) Naked fat sign (fat tissue released from the resected lipoma after endoscopic snare unroofing) was also detected.

Final Diagnosis

Intestinal lipomatosis

WHO分類・軟部腫瘍の
Lipomatosisの項目を見ると、
肉眼所見として境界不明瞭と記載されている。それゆえ、intestinal lipomatosisという名称には違和感を感じる。
また、lipomatous polyposisとしても壁内にも存在するものもあるので、同様に違和感を感じる。
壁内、漿膜下、腸間膜発生を包括した呼び名が必要か？

Intestinal lipomatosis

1）疫学：剖検例の 0.04-4.5％を占める。30-50歳代に多く、男性に多い。

2) 症状：ないものが多い。間欠的腹痛、消化管出血、腹部腫瘤をきたすものもある。

3) 病理学的所見：成熟した脂肪細胞の増殖からなる。

4）予後：良好。腸重積をきたした場合には外科的手術、消化管出血をきたした場合は内科的処置が必要となる。

研修医の先生へのお勧め本

給が一致しないギャップが必ず生まれる．そのギャップを埋めるために熱心な医学生達はこの闘魂外来に馳せ参じてきたのだ．以前，尊敬する黒川 清先生が「良い教育とは恩返しをすることで，良い教育を受けたものしかできない，だから権利であり義務でもある」と徳田安春先生の謝恩会でスピーチをしてくださった．受けた恩を次世代の手に返すためさらに改良して自分以上の医師を育てる文化を作る，それが闘魂外来のもつ真の意味の闘魂なのではないかと思っている．

質問とお願い

この病変について妥当な名称はないでしょうか？

Multiple lipomasでもよいですが、病理学的および文学的センスをあまり感じません。

有吉弘行になった気分でこの病変に妥当な“**あだ名**”をつけていただけますでしょうか？