

# Review of: "Colo-colic intussusception secondary to colon lipoma: A case report"

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**Potential competing interests:** The author(s) declared that no potential competing interests exist.

There are minor issues with Grammar and syntax at few places.

1. Abstract: Case- a. Clinical findings of abdomen could be added; b. "large mass of fat consistency containing colon structure" This is not clear as whatever mass or lead point in intussusception, it is contained within the walls of the bowel- intussusception.
2. Lipomas are very rare benign tumors which may act as lead points for intestinal intussusception whereas authors also suggest that lipoma is the third most common benign tumor with an incidence of 4.4%. Also, lipomas can act as lead points causing around 17% of intestinal intussusceptions.
3. Introduction- General information about intussusception is known; it could have focused more about colonic intussusception- its atypical, uncommon presentation though colonic intussusception causes are listed.
4. "malignant tumor engulfing the colon" The bowel wall is nicely visible and contents appear intra-luminal, therefore it is not engulfing the colon. Fig 2 also shows bowel distended with probable intra-luminal contents.
5. "significant thickening of ileo-cecal valve" Generally the valve is not seen routinely, it should have been marked by arrow in the CT image.
6. "Differential diagnosis was established and on top of the list" Authors could have provided all differential diagnosis considered for the benefit of readers.
7. "The patient benefited of one dose of antibiotherapy" The patient benefitted by surgery; antibiotic therapy is a part of management. The grammar could have been better here.
8. "Laparotomy" The incision (vertical midline or other) could have been mentioned.
9. "affected bowels (intussus-ceptum and intussusciplen) in addition to a colonic mass" Here, it appears if the colonic mass was different from the intussusception.
10. The open specimen or the intra-luminal mass (lipoma) picture is missing. It was an important picture.
11. Author's own case finding is in ascending colon however there is no mention about its incidence, causes, presentations. Contrary they have mentioned about the descending colon.
12. More about CCI presentation, management and its rarity could have been written in the discussion. Discussion could have been enriched.
13. Absolutely agree with the need of Colonoscopy as it is found that 64% of colocolic intussusceptions are malignant adenocarcinomas as seen in the meta-analysis of several retrospective studies. Thus, the

need to rule out synchronous lesions.

14. Conclusion- "the differential when diagnosing adults with right lower quadrant pain" RLQ pain has many more common differential diagnosis and Colo-colic intussusception is diagnosis of exclusion aided by CT findings.