A 53-year-old woman underwent laparoscopic cholecystectomy for suspected gallstone pancreatitis. However, pancreatitis occurred every few months even after cholecystectomy. Fluoroscopic and endoscopic images showed a giant submucosal tumor approximately 6 cm in size. The stalk originated from the para-ampulla in the second portion of the duodenum and the tumor head was located in the proximal jejunum over the ligament of Treitz (▶ Fig. 1, ▶ Fig. 2). Computed tomography revealed a giant lipoma extending from the third portion of the duodenum to the proximal jejunum, and the ampulla and pancreas head were pulled and deviated to the third portion by the giant lipoma (▶ Fig. 3). We suspected that the repeated pancreatitis might be caused by the mechanical traction of the giant duodenal lipoma.

The giant lipoma was successfully resected en bloc with endoscopic submucosal dissection (ESD) using a DualKnife J (Olympus, Tokyo, Japan) in 60 minutes (▶ Fig. 4, ▶ Video 1). The resected tumor was laparoscopically removed from the jejunum through a port site (▶ Fig. 5). The patient was discharged without any adverse events on postoperative Day 8. No recurrence was observed thereafter.

To our knowledge, this is the first case with repeated pancreatitis caused by mechanical traction of a giant duodenal lipoma. Some duodenal lipomas can be resected with conventional polypectomy and endoscopic mucosal resection, as described in previous reports [1–3]. ESD is a useful method that enables en bloc resection even with large tumors; however, duodenal ESD is challenging due to the technical difficulty and frequent compli-
Endoscopic submucosal dissection followed by laparoscopic collection for a giant duodenal lipoma causing repeated pancreatitis.

Competing interests

The authors declare that they have no conflict of interest.

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