A giant colonic lipoma was found in a 38-year-old man who presented with hema-tochezia and intermittent abdominal pain. Colonoscopy revealed a submucosal tumor with ulceration in the transverse colon (Fig. 1a). Abdominal computed tomography (CT) showed a low-density mass consistent with fat. Barium enema revealed a 75 × 45-mm broad-base mass in the transverse colon (Fig. 2a).

Following these examinations a diagnosis of giant lipoma causing gastrointestinal bleeding was made. Endoscopic resection was attempted; however it was decided not to proceed because the mass was too large to allow the definitive visualization of the base of the mass. Biopsy was conducted after the mucosa overlying the tumor had been removed (5-mm diameter) using an electric snare. Histologically, only inflamed colonic mucosa was found. CT and barium enema were repeated for preoperative evaluation 1 month later; the tumor had disappeared completely (Fig. 2b). Colonoscopy revealed ulceration without any tumor remnant (Fig. 1b).

Spontaneous disappearance of a giant colonic lipoma after endoscopic biopsy

A giant colonic lipoma was found in a 38-year-old man who presented with hema-tochezia and intermittent abdominal pain. Colonoscopy revealed a submucosal tumor with ulceration in the transverse colon (Fig. 1a). Abdominal computed tomography (CT) showed a low-density mass consistent with fat. Barium enema revealed a 75 × 45-mm broad-base mass in the transverse colon (Fig. 2a).

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Spontaneous disappearance of a gastrointestinal lipoma has been reported [2–4]. Stebbings et al. [4] explained that torsion and necrosis of the pedicle had caused spontaneous expulsion of the lipoma. We speculate that the lipoma in the present case might have undergone enucleation through the damaged region of the surface mucosa following biopsy or as a result of ulceration. Alternatively, it is possible that spontaneous expulsion of the lipoma occurred as a result of ischemic change and necrosis at the base of the tumor.

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Department of Coloproctological Surgery, Juntendo University, Tokyo, Japan

References

Bibliography
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Corresponding author
S. Ishiyama, MD
Department of Coloproctological Surgery
Juntendo University
2-1-1 Hongo
Bunkyo-ku
Tokyo 113-8421
Japan
Fax: +81-3-38130731
i-shun@juntendo.ac.jp