Dual antiplatelet therapy (with clopidogrel and aspirin) may be complicated by severe gastrointestinal bleeding [1]. It may unmask an underlying pathology that has been silent so far. Small intestinal bleeding is the most frequent indication for double-balloon enteroscopy (DBE), both for diagnosis and treatment [2, 3]. DBE is feasible even for polypectomy of large small-intestinal polyps (e.g. hamartomas) [4]. We present an unusual case of successful endoscopic removal of a giant angiolipofibroma.

A 73-year-old man on dual antiaggregation therapy was investigated because of recurrent gastrointestinal bleeding requiring repeated blood transfusions (8 units over 3 months). He was subsequently referred to our department for DBE. However, no AVMs were revealed at DBE. Surprisingly, a finger-like giant polyp growing from the distal part of the duodenum reaching the proximal jejunum was found. The length of the polyp was 12 cm and its diameter 2 cm. Because of the patient’s serious comorbidity, we decided to remove the polyp endoscopically (Video 1). The polyp was extracted for histology (Figs. 1 and 2). The final diagnosis was angiolipofibroma (Fig. 3).

There were no complications after the procedure (Fig. 4) and subsequent follow-up was uneventful. Angiolipofibroma of the gastrointestinal tract is extremely rare. We found only one similar case in the available literature [5]. A giant pedunculated angiolipofibroma of the esophagus in a 62-year-old patient caused slowly deteriorating dysphagia but did not bleed. This was diagnosed by computed tomography and resolved by surgery [5]. Endoscopic polypectomy of giant small-intestinal polyps is a possible alternative to surgery in polymorbid patients. An experienced endoscopist, a safe design of the procedure, and preventive measures (availability of appropriate urgent surgery in case of complications) are necessary conditions.

Video 1
An Endoloop was put over the polyp and secured by two clips. Pure coagulation current was used for cutting. Polypectomy took 8 minutes. Mild bleeding was controlled by another two Endoloops placed on the base and additional argon plasma coagulation.

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References
5 Koischwitz D. Computertomographische Diagnose eines monströsen gestielten Angiolipofibroms des Ösophagus. [Computed tomographic diagnosis of a monstrous pedunculated angiolipofibroma of the esophagus.] Fortschr Röntgenstr 1988; 149: 105–107

Bibliography
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