A 72-year-old man presented to our gastroenterology outpatient clinic with chronic abdominal pain, bloating, and past episodes of transient small-bowel obstruction. A computed tomography (CT) enterogram revealed a large, pedunculated subepithelial polyp in the distal ileum (Fig. 1). A decision was made to proceed to endoscopic treatment of the polyp because of its dimensions and the obstructive symptoms it was causing. Ileal intubation was achieved using a SIF-Q180 enteroscope (Olympus Medical Systems, Tokyo, Japan) and a subepithelial, pedunculated, yellow tumor with an endoscopic appearance compatible with a lipoma was identified in the distal ileum (Fig. 1).

Endoloop ligation (“loop-and-let-go”) of a large ileal lipoma by balloon-assisted enteroscopy

Endoloop ligation of subepithelial lesions presents an attractive technique because of the slow transsection of the stalk of the polyp, which averts the risk of bowel perforation. The main caveat is that in most cases specimen retrieval is not possible.