Management of a rare cause of significant acute upper gastrointestinal bleeding: gastric lipoma resected by hybrid endoscopic submucosal dissection

Gastric lipomas are rare, benign, slow-growing subepithelial tumors. Most lipomas remain asymptomatic and are detected incidentally at endoscopy. Large lipomas, however, may very rarely cause significant upper gastrointestinal (GI) bleeding and warrant removal [1].

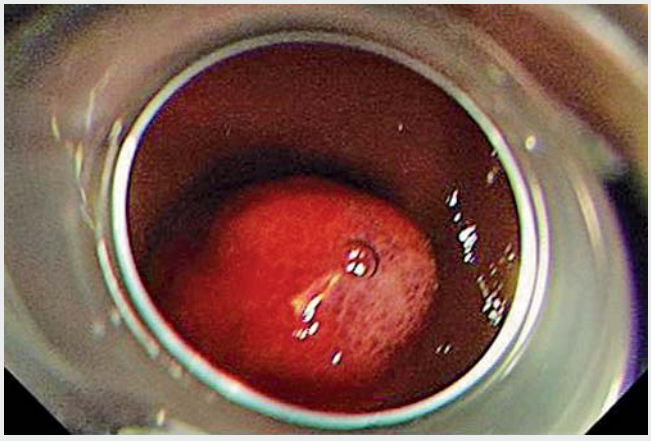
For the management of large gastric lipomas, laparoscopic excision may be required, but endoscopic techniques such as endoscopic submucosal dissection (ESD) and unroofing have also been described [1, 2].

This endoscopic video case highlights this rare cause of upper GI bleeding and its definitive management by hybrid ESD.

A 66-year-old man presented with melena, pallor, and fatigue. On admission, his hemoglobin level was 89 g/L. He underwent an upper GI endoscopy during which a 3 cm ulcerated submucosal lesion was identified at the greater curvature (▶ **Fig. 1**). An endoscopic clip and Hemospray (Cook Medical, Winston-Salem, North Carolina, USA) were applied, and hemostasis was achieved.

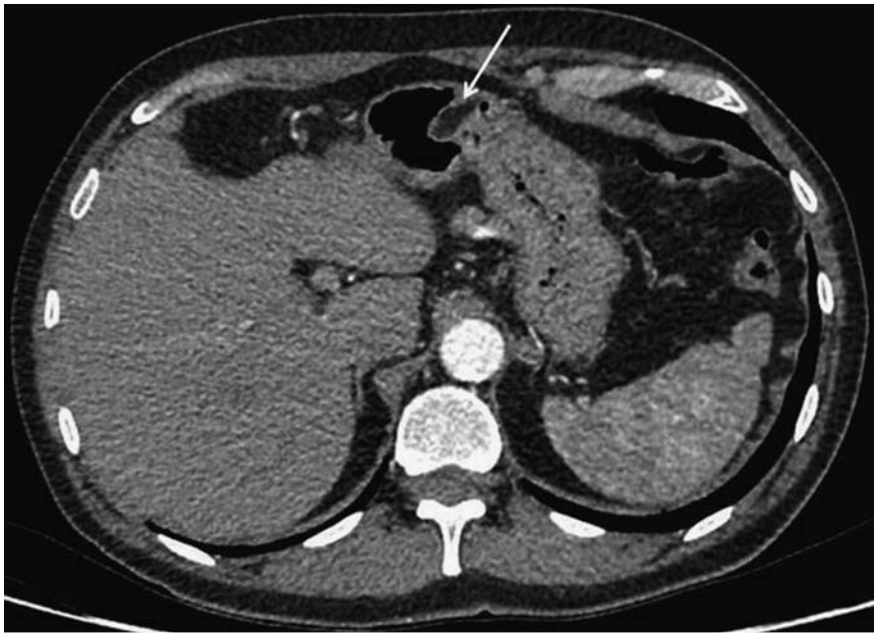
Computed tomography imaging revealed an ovoid (fat-dense) lesion measuring 25 × 15 mm, consistent with a lipoma (▶ **Fig. 2**). Endoscopic ultrasound assessment of the lesion was subsequently performed, and showed the presence of a homogeneous and slightly hyperechoic lesion, 25 × 15 mm, arising from the hyperechoic submucosal layer. A 22 g needle was used to obtain core biopsies but unfortunately the sample was inadequate for diagnostic assessment.

Endoscopic management of the lesion was agreed and the lesion was successfully resected by hybrid ESD (▶ **Video 1**).

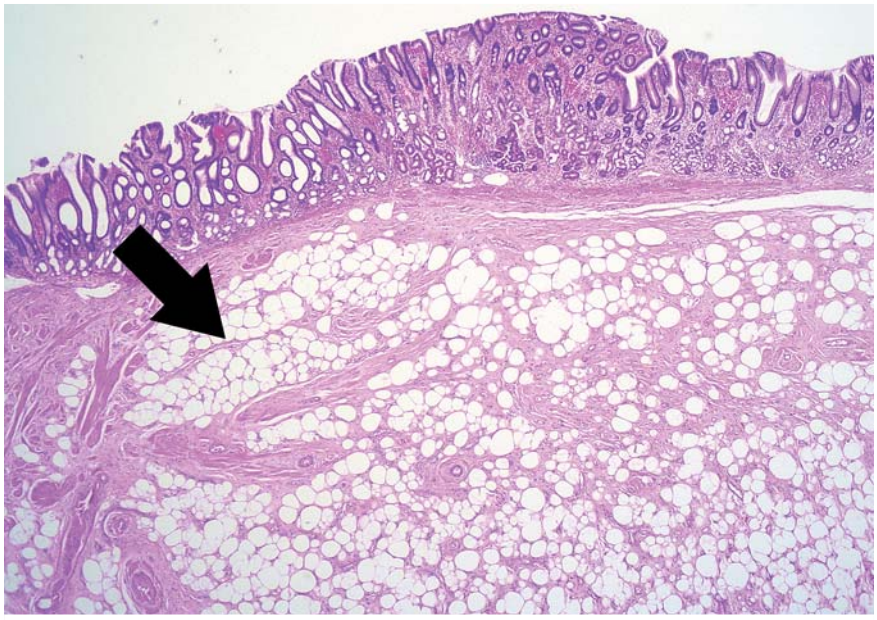


Video 1 Hybrid endoscopic submucosal dissection procedure for the endoscopic management of a gastric lipoma.

▶ **Fig. 1** Gastric lipoma.



▶ **Fig. 2** Abdominal computed tomography scan image: white arrow points to gastric lipoma.



▶ **Fig. 3** Histopathology revealed submucosal gastric lipoma. The arrow indicates the fatty tissue of the lipoma.

fully resected by hybrid ESD (▶ **Video 1**). No immediate or delayed adverse events were encountered.

Histopathology confirmed the diagnosis of submucosal gastric lipoma, which was completely excised (▶ **Fig. 3**). On repeat endoscopy 3 months post-procedure, a well-healed scar was seen at the site of excision.

This video case highlights the role of hybrid ESD in the minimally invasive and definitive management of this rare submucosal cause of upper GI bleeding.

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Competing interests

None

The Authors

Nikolaos Koukias[1], Alberto Murino[1], Andrea Telese[1], Laura Gaeta[1], Niall Power[2], Michael Rathbone[3], Edward J. Despott[1]

1 Royal Free Unit for Endoscopy, The Royal Free Hospital and University College London (UCL) Institute for Liver and Digestive Health, London, United Kingdom
2 Depatment of Radiology, The Royal Free Hospital and UCL Institute for Liver and Digestive Health, London, United Kingdom
3 Academic Department of Cellular Pathology, The Royal Free Hospital and UCL Institute for Liver and Digestive Health, London, United Kingdom

Corresponding author

Edward J. Despott, MD
The Royal Free Hospital and University College London Institute for Liver and Digestive Health, Pond St., Hampstead, London NW3 2QG, United Kingdom
Fax: +44-207-4315261
edespott@doctors.org.uk

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