

## CASE IMAGE

# Jejunal lipoma: A rare cause of small bowel bleeding

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**Abstract**

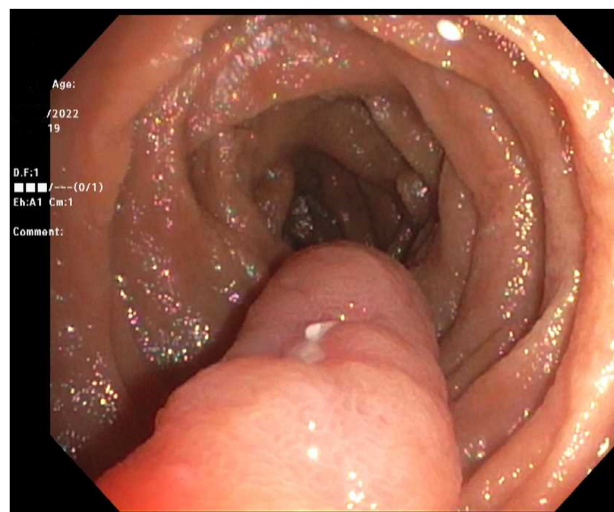
Prompt endoscopic recognition as well as histopathological examination are crucial for establishing the diagnosis and management of small bowel lipomas complicated by bleeding.

**KEYWORDS**

enteroscopy, jejunal lipoma, melena

## 1 | CASE DESCRIPTION

A 73-year-old female with a past medical history of cerebrovascular accident presented with shortness of breath, fatigue, and hoarseness. Her laboratory results showed a hemoglobin of 6.8 (reference range 12–16) g/dL and severe iron deficiency. The patient's baseline hemoglobin was 10.0 g/dL. She received one unit of packed red blood cells. Her esophagogastroduodenoscopy and colonoscopy were unremarkable. Two weeks later, the patient returned to the hospital with melena, shortness of breath, and occult gastrointestinal bleeding. She was scheduled for a small bowel push enteroscopy. A 40 mm filiform sausage-shaped polypoid lesion with a distal ulceration on the side was noted in the proximal jejunum (Figures 1 and 2). The polyp was removed utilizing a hot snare after endoloop placement due to polyp's large size. Resection and retrieval were complete (Figure 3). Polypectomy site was closed with a 17 mm hemostatic clip. The surgical specimen was submitted for pathologic evaluation. Microscopic examination showed submucosal neoplasm consisting of mature adipocytes of uniform size without substantial cytological atypia or atypical hyperchromatic stromal cells. One month later, the patient underwent a follow-up push enteroscopy, which was normal. The patient's hemoglobin loss resolved.



**FIGURE 1** Endoscopy image showing a 40 mm lipoma with a distal ulceration in the proximal jejunum of a 73-year-old woman.

## 2 | DISCUSSION AND CONCLUSION

Obscure gastrointestinal bleeding is rare and accounts for less than 5% of all cases of gastrointestinal bleeding. Lipoma is a benign, single, slow-growing, non-epithelial tumor

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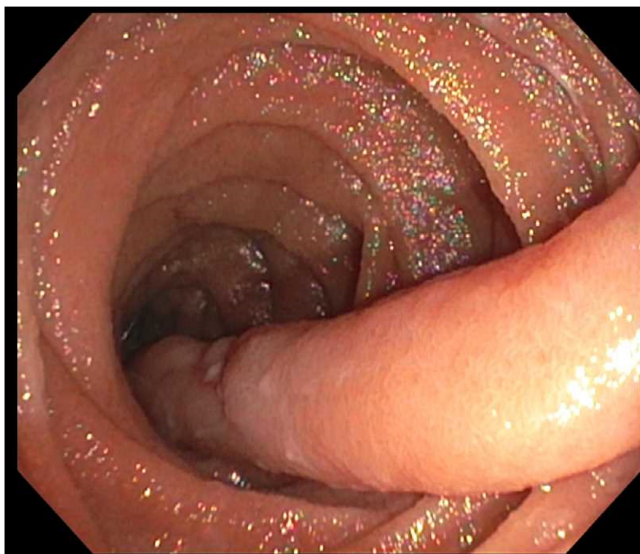


FIGURE 2 Endoscopy image showing a 40 mm lipoma.

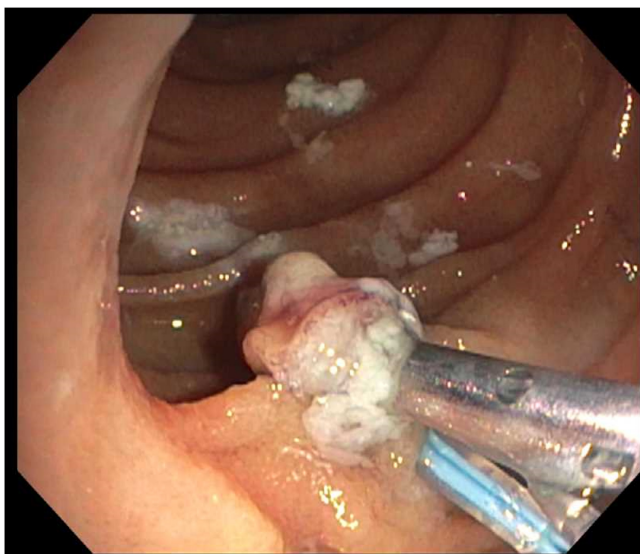


FIGURE 3 Endoscopy image showing complete resection and retrieval.

which may cause overt and occult gastrointestinal bleeding. “Pillow sign” is a widely known pathognomonic endoscopic finding suggestive of lipoma.<sup>1</sup> The most common location of lipoma is colon, although it may be found in any part of gastrointestinal tract.<sup>2</sup> Zhang et al. reported that common causes of small intestinal bleeding include vascular anomalies in 54.35%, small intestinal ulcers in 13.04%, and small intestinal tumors in 11.96% of patients older than 65 years.<sup>3</sup> Asymptomatic lipomas can be monitored; however, lipomas complicated by bleeding or intussusception require urgent intervention. Capsule endoscopy, push enteroscopy, and double-balloon enteroscopy are great modalities for management of complicated intestinal lipomas.<sup>2,4</sup>

## AUTHOR CONTRIBUTIONS

**Marko Kozyk:** Conceptualization; formal analysis; investigation; project administration. **Kateryna Strubchevska:** Validation; visualization; writing – review and editing. **Mihaela Batke:** Methodology; writing – original draft.

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## FUNDING INFORMATION

None for all authors.

## CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

## DATA AVAILABILITY STATEMENT

Data sharing not applicable - no new data generated, or the article describes entirely theoretical research

## ETHICS STATEMENT

The present study conforms to the ethical standards and guidelines of the journal.

## CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

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