

A Gastric Lipoma That Grew in Size in Seven Years Presenting Bleeding

Maki Setake^{1,*}, Mayumi Shiroma¹, Mami Tomiyama¹, Yuko Tasato¹, Hitoshi Mabuchi¹, Yuzuru Kinjo¹, Masaru Miyazato¹, Noriya Nakachi¹, Hiroto Shimajiri¹, Ryosaku Tomiyama¹, Yoshiki Chinen², and Akira Hokama³

Departments of ¹Gastroenterology, ²Surgery, and ³Medical Checkup, Naha City Hospital, Okinawa, Japan

A 62-year-old woman presented with melena for three days. She had had fasting epigastric pain for a month. On examination, her pulse rate was 107/min and blood pressure was 151/107 mmHg. Abdominal examination was unremarkable. Her hemoglobin was 8.3 mg/dL and white blood cell count was 8,600 / μ L. Her coagulation values, as well as renal and liver function tests were normal. The tumor markers were negative. Her condition was stabilized with blood transfusion. An abdominal computed tomography (CT) showed a submucosal lesion in the antrum (Fig. 1A). The lesion appeared to be partially solid with uniform fat density, suggestive of gastric lipoma. Esophagogastroscopey was performed, which showed a large hemisphere submucosal lesion measuring 4 cm in the gastric antrum. The tumor showed apical ulceration without active hemorrhage (Fig. 1B). The tumor was diagnosed as lipoma, which was 1 cm in size, by ultrasound endoscopy seven years ago (Fig. 2). Since the lipoma grew markedly, the possibility of liposarcoma should have been considered. She underwent laparoscopic distal gastrectomy. The postoperative course was uneventful. Histopathological examination revealed

benign lipoma. She has remained asymptomatic during follow up.

Lipomas are slow-growing, common benign tumors in the gastrointestinal tract. The most common gastrointestinal tract locations for lipoma are the colon, followed by ileum and jejunum and then the stomach.¹ Gastric lipomas are relatively rare, representing less than 3% of all benign gastric neoplasms.² Gastric lipomas are most commonly localized in the antrum. The tumors are generally asymptomatic, and often noted incidentally during endoscopic or radiological examination. Rarely, large gastric lipomas (> 4 cm) can cause bleeding due to mucosal erosion or gastric outlet obstruction.^{1,3} Endoscopically, gastric lipomas typically appear as a soft, sharply defined and yellow-colored submucosal mass.⁴ Gastric lipomas have several charac-

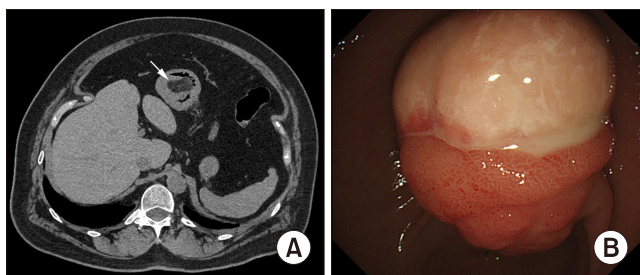


FIG. 1. (A) CT showed a submucosal lesion in the antrum (arrow), which appeared partially solid with uniform fat density, suggestive of gastric lipoma. (B) Endoscopy disclosed a large hemisphere submucosal lesion in the gastric antrum. The tumor showed apical ulceration without active hemorrhage.

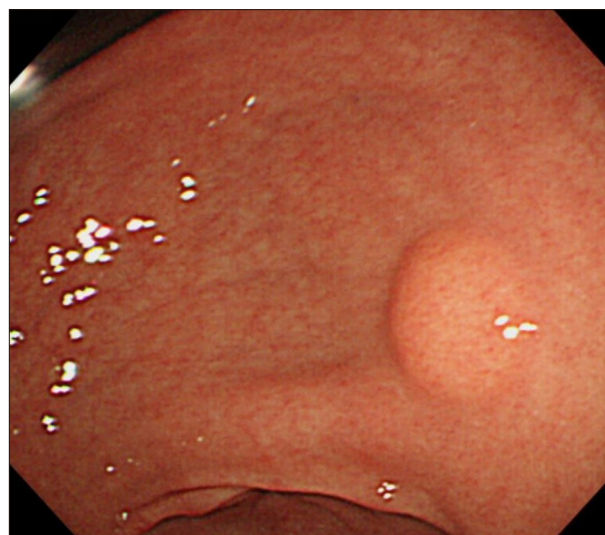


FIG. 2. Endoscopy showed a submucosal tumor measuring 1 cm in size in the gastric antrum and was diagnosed as lipoma by ultrasound endoscopy seven years ago.

Corresponding Author:

Maki Setake

Department of Gastroenterology, Naha City Hospital, 2-31-1 Furujiima, Naha, Okinawa 902-8511, Japan
Tel: +81-98-884-5111, Fax: +81-98-885-9596, E-mail: setakemaki@gmail.com

Article History:

Received September 6, 2023
Accepted September 26, 2023

teristic signs. The cushion sign can be demonstrated by pressing biopsy forceps against lipoma, which produced a soft, cushioning indentation over its surface. The tenting sign can be demonstrated by easily pinching the overlying mucosa with biopsy forceps. The naked fat sign indicates that multiple biopsies will expose internal adipose tissue.²⁻⁵ CT scans are also useful for diagnosis by showing well-circumscribed lesions with uniform, fatty density and an attenuation ranging from -70 to -120 Hounsfield units.^{4,5} In our case, as the tumor revealed interval increase in size and the bleeding source, resection was performed. There have been no reports of malignant transformation, even when the lipomas tend to grow. The surgical technique for symptomatic lipomas has not been established. Given the benign nature of these tumors, both resection and enucleation are considered equally effective.² The best approach depends on the size and location of the lesion.

CONFLICT OF INTEREST STATEMENT

None declared.

REFERENCES

1. Amundson JR, Straus D, Azab B, Liu S, Garcia Buitrago MT, Yakoub D. Giant symptomatic gastric lipoma: a case report and literature review. *Int J Surg Case Rep* 2018;51:313-7.
2. Krishnaraj B, Dhanapal B, Shankar G, Sistla SC, Galidevara I, Suresh A. Gastric lipoma: a rare cause of haematemesis. *Ann R Coll Surg Engl* 2018;100:e41-3.
3. Sabbah M, Nakhli A, Helal I, Bellil N, Ouakaa A, Gargouri D. Gastrointestinal bleeding as an initial manifestation of gastric lipoma: case report and review of the literature. *Clin Case Rep* 2020; 8:1988-92.
4. Hamdane MM, Brahim EB, Salah MB, Haouas N, Bouhafa A, Chedly-Debbiche A. Giant gastric lipoma mimicking well-differentiated liposarcoma. *Gastroenterol Hepatol Bed Bench* 2012;5:60-3.
5. Cappell MS, Stevens CE, Amin M. Systematic review of giant gastric lipomas reported since 1980 and report of two new cases in a review of 117110 esophagogastroduodenoscopies. *World J Gastroenterol* 2017;23:5619-33.