

IMAGE OF THE MONTH

Endoscopic removal of a giant lipoma of the caecum

Resección endoscópica de un lipoma gigante del ciego

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A 72-year-old man presented with fatigue for two months. Laboratory evaluation revealed a microcytic anemia (Hb 10.7 g/dL). A lower gastrointestinal endoscopy was then requested which showed in the cecum a well-delineated soft lobulated yellowish mobile mass measuring about 5 cm (Fig. 1). The mass was pedunculated, with a short but thick

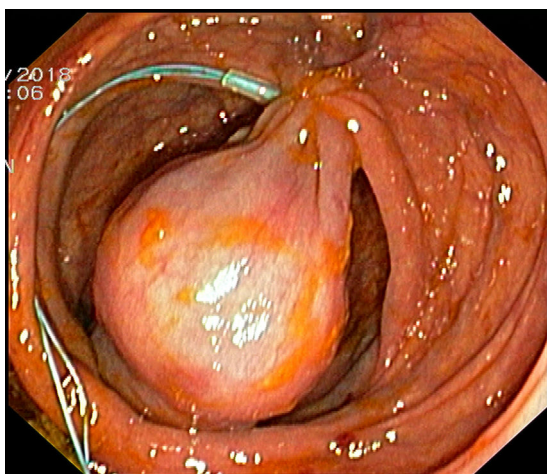


Figure 1 Endoscopic image of the polypoid lesion, with an endoloop placed around the stalk.

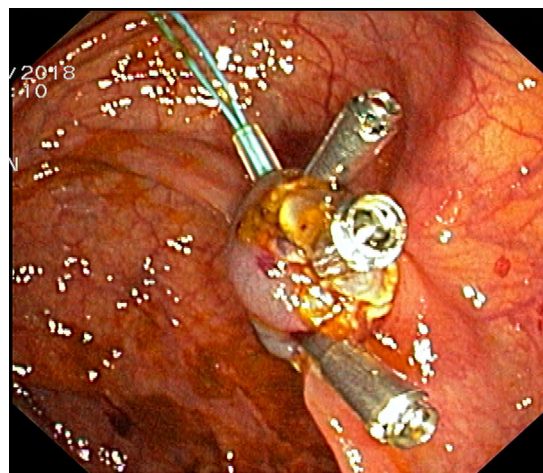


Figure 2 Endoscopic image of the endoloop and the hemostatic clips ensuring good hemostasis.

stalk. After careful evaluation, a decision was made to remove the polypoid lesion. An endoloop was placed around the mass (Fig. 1), followed by en bloc resection with a large cautery snare. Hemostasis was also ensured by placing three clips on the resection area (Fig. 2). The specimen was retrieved and sent to pathology. Histological examination confirmed a submucosal lipoma of the caecum, with 5 cm × 2.5 cm × 2 cm and no evidence of dysplasia (Fig. 3).

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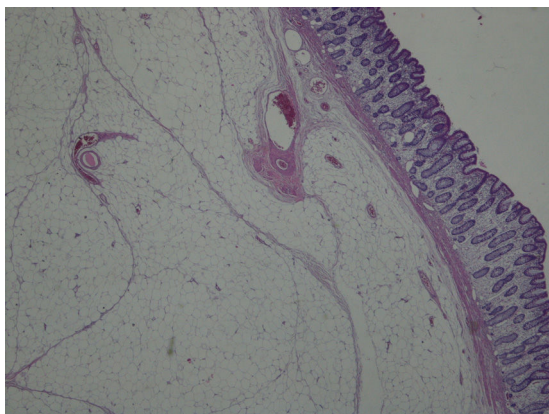


Figure 3 Histopathology showing mature adipocytes at the submucosal layer, in relation to a lipoma; 40 \times .

There were no adverse events after the procedure, and the patient has done well thereafter.

Colonic lipomas are uncommon benign lesions (incidence between 0.2 and 4.4%).¹ They are usually asymptomatic and

found incidentally, however when large (>4 cm) may produce symptoms (bleeding, obstruction, invagination).^{1,2} Although some authors consider surgery for large lipomas,³ recent case series using endoscopic treatment reported high effectiveness with low rate of complications.² In our case, a large colonic lipoma was safely removed using a ligate-and-resect technique.

Conflicts of interest

None declared.

References

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