

POSTER ABSTRACTS

Large pedunculated esophageal lipoma presented with dysphagia and reflux symptoms

Mete Akin¹, Altug Senol²

¹Akdeniz University, School of Medicine, Department of Gastroenterology, Antalya, Turkey

²Süleyman Demirel University, School of Medicine, Department of Gastroenterology, Isparta, Turkey

Introduction: Lipoma of the esophagus is a rare lesion and usually detect incidentally during endoscopy. It is generally asymptomatic and required no therapy. However, large esophageal lipoma may cause dysphagia and reflux symptoms. Endoscopic or surgical excision may require in symptomatic cases. In this report, a large pedunculated esophageal lipoma was reported, which caused esophageal obstruction and treated by endoscopic excision.

Case: A 55-year-old female patient applied to the Gastroenterology clinic because of dysphagia, reflux symptoms and weight loss for the last 6 months. She had Type 2 diabetes mellitus in her medical history. Physical examination and laboratory findings were normal. Upper gastrointestinal endoscopy showed an approximately 4 cm in diameter, pedunculated, polypoid mass lesion with a normal mucosal lining, which located and caused partially obstruction at the proximal esophagus (Figure 1). Endoscopic ultrasonography (EUS) examination revealed a iso-hyperechoic mass lesion originating from submucosa and a major blood vessel was not observed in pedicle (Figure 2). Due to these findings, endoscopic excision with polypectomy snare was performed without any complication. Histopatologically the lesion was reported as a lipoma. The patient's symptoms improved after the procedure.

Conclusion: Lipoma is the second most common benign tumor of the gastrointestinal tract and usually located in colon and gastric antrum. It may be rarely seen in esophagus and usually detect as small submucosal lesion. However, lesions larger than 2 cm in size may cause symptoms such as bleeding, abdominal pain, obstruction and intussusception. EUS is an important method for differential diagnosis and characterisation of lesions and guidance to therapy. Treatment options can be endoscopic or surgical excision according to the size and localisation of the lesion.

Keywords: Esophagus, lipoma, endoscopic ultrasonography, endoscopic excision



Figure 1. Large pedunculated polypoid mass lesion with a normal mucosal lining at the proximal esophagus in the upper gastrointestinal endoscopy



Figure 2. A iso-hyperechoic mass lesion originating from submucosa in the linear EUS examination