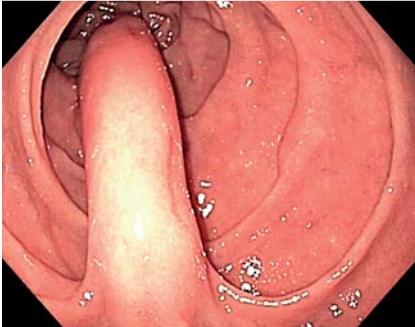


## Endoscopic diagnosis and treatment of a giant duodenal lipoma presenting with gastrointestinal bleeding



**Fig. 1** Endoscopic view of a 3-cm long polypoid lesion with multiple ulcerations in the second part of the duodenum in a 66-year-old man with fatigue and acute upper gastrointestinal bleeding.



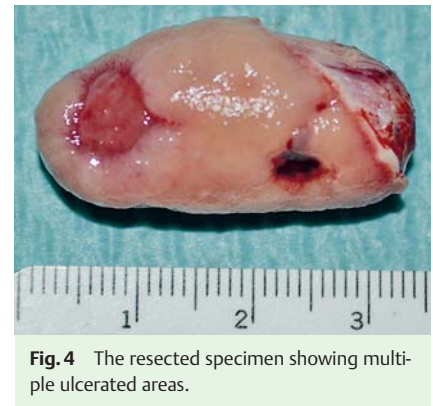
**Fig. 2** Endoscopic ultrasound showing a hyperechoic lesion (11 × 19 mm) originating from the submucosa in the duodenal wall.

A 66-year-old man presented with fatigue and acute upper gastrointestinal bleeding (hemoglobin 92 g/L). He had melena but no signs of hematemesis. Upper gastrointestinal endoscopy revealed a 35 × 15-mm large polypoid lesion with multiple ulcerations in the second part of the duodenum (● Fig. 1). No biopsy samples were taken due to the risk of bleeding. The diagnosis was unclear and the patient underwent endoscopic ultrasound, which demonstrated a hyperechoic lesion measuring 11 × 19 mm in diameter in the submucosa in the duodenal wall with intact muscularis propria (● Fig. 2), suggestive of a lipoma. A subsequent capsule endoscopy excluded distal causes of bleeding in the small intestine. Next, the lesion was removed endoscopically using an endoloop and snare without any complication (● Fig. 3). The resected lesion exhibited multiple ulcerated areas (● Fig. 4). Histological examination demonstrated a duodenal lipoma with large blood vessels in contact with these ulcerated areas (● Fig. 5).

Duodenal lipomas are extremely rare and constitute only one in 600 benign tumors of the gastrointestinal tract [1]. Duodenal lipomas are usually asymptomatic but larger ones can, in rare cases, cause abdominal pain, intestinal obstruction, or hemorrhage [2, 3]. Symptomatic duodenal lipomas should be removed. The current recommendation is endoscopic excision, unless this is technically difficult and war-



**Fig. 3** a The lesion was removed using an endoloop and snare (endocut mode effect 2 and forced coagulation effect 2, 30 W, VIO 300 D; ERBE Elektromedizin, Tübingen, Germany).  
b The resection site 24 hours after polypectomy.



**Fig. 4** The resected specimen showing multiple ulcerated areas.

rants surgical excision. Nonetheless, this unusual case with a duodenal lipoma causing upper gastrointestinal bleeding underlines the clinical importance of endoscopic ultrasound in the workup of patients with unclear submucosal lesions in the gastrointestinal tract.

Endoscopy\_UCTN\_Code\_CCL\_1AB\_2AZ

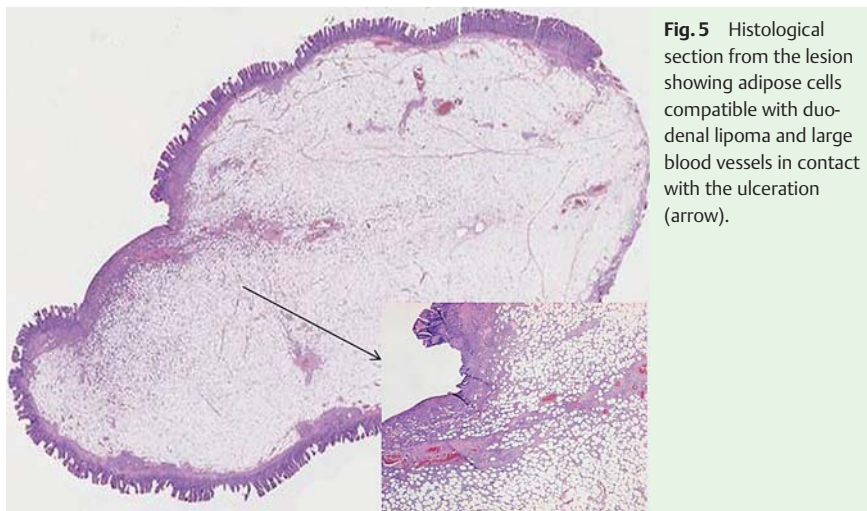
**Competing interests:** None

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**Fig. 5** Histological section from the lesion showing adipose cells compatible with duodenal lipoma and large blood vessels in contact with the ulceration (arrow).

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