Giant symptomatic rectal lipoma resected by endoscopic submucosal dissection

Gastrointestinal lipomas are benign, slow-growing tumors that are typically diagnosed incidentally during endoscopy [1, 2]. They are more commonly located in the right colon; rectal involvement is uncommon [2–5]. Lipomas are characteristically asymptomatic but depending on their location and size [1], they can cause symptoms such as bleeding, obstruction, intussusception or prolapse [1, 2, 4]. Only three cases of rectal lipomas presenting with prolapse have been reported in the literature, and they are usually treated surgically.

We present the case of a 65-year-old woman who was referred to the Gastroenterology Department because of symptomatic intermittent rectal prolapse. The patient reported the need to manually reinsert the prolapse. Colonoscopy revealed a large subepithelial lesion in the distal rectum, adjacent to the upper margin of the anal canal (Fig. 1). Axial contrast-enhanced pelvic computed tomography scan suggested a lipomatous lesion in the rectum. An echoendoscopy, using a dedicated anal probe (7.5 MHz), revealed a well-demarcated, hyperechogenic, homogeneous lesion in the submucosa (Fig. 2), suggesting a lipoma [5]. The patient was proposed for endoscopic resection.

The lesion was enucleated through endoscopic submucosal dissection (ESD) (Fig. 3, Video 1). The dissection was performed, using an insulated-tipped knife 2 (KD-611L; Olympus, Tokyo, Japan), with the patient under deep sedation. There were no adverse events related to the procedure. The specimen was removed en bloc and was $60 \times 45$ mm in size (Fig. 4). Pathological evaluation of the specimen confirmed it to be a benign submucosal lipoma. At follow-up, 18 months after ESD, the patient was asymptomatic.

To the best of our knowledge, this clinical case represents the third largest symptomatic rectal lipoma reported in the literature [2, 3], and the first to be treated by ESD. The development and implementation of ESD in the Western world allows patients with large subepithelial gastrointestinal lesions (especially below the muscularis propria), to be safely treated by endoscopy in experienced centers.

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Competing interests

None
Video 1 Endoscopic submucosal dissection was used to resect a giant rectal lipoma that was causing prolapse of the rectal mucosa.

The authors

João Fernandes1,2, Diogo Libânio3, Silvia Giestas1, Tarcísio Araújo1, David Martínez-Ares1, Manuela Certo4, Luís Lopes1,5,6
1 Gastroenterology Department, Hospital Santa Luzia, Viana do Castelo, Portugal
2 Gastroenterology Department, Centro Hospitalar Cova da Beira EPE, Covilhã, Portugal
3 Gastroenterology Department, Instituto Português de Oncologia do Porto Francisco Gentil, Porto, Portugal
4 Radiology Department, Centro Hospitalar do Porto, Porto, Portugal
5 Life and Health Sciences Research Institute (ICVS), School of Medicine, University of Minho, Braga, Portugal
6 ICVS/3B’s – PT Government Associate Laboratory, Braga/Guimarães, Portugal

Corresponding author

João Fernandes, MD
Department of Gastroenterology, Hospital de Santa Luzia, Uniidade Local de Saúde do Alto Minho, Estrada de Santa Luzia, 4901-858, Viana do Castelo, Portugal
Fax: +351-275-751057
joanfernandes@hotmail.com

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References


Fig. 4 The resected specimen, 60 × 45 mm in size.

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