

## Title: Giant gastric lipoma as an uncommon cause of upper gastrointestinal bleeding

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## Giant gastric lipoma as an uncommon cause of upper gastrointestinal bleeding

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Informed consent was obtained.

A 52-year-old male patient presented at the emergency room for melena. A gastroscopy was performed, which revealed a submucosal lesion in the antrum of the stomach. The lesion was lined with regular smooth mucosa except for an apical ulceration (Figure A). Histology demonstrated gastric mucosa with foveolar hyperplasia. Abdominal computerized tomography showed a homogeneous, well-delimited fat-density mass measuring  $5.9 \times 4.3$  cm (Figure B). Laparoscopic surgery then found a solid tumor involving the whole thickness of the anterior wall at the prepyloric area, which was resected. Microscopic examination revealed a homogeneous, soft, ulcerated submucosal mass of yellowish adipose tissue that was  $5 \times 5 \times 2$  cm in size. Microscopically, the tumor was composed of mature fatty tissue with fibrous septa, and was partially encapsulated and circumscribed. It was reported as submucosal lipoma. The patient had a favorable outcome.

Lipomas are slow-growing benign tumors composed of adipose tissue that are unusually found in the gastrointestinal tract. They are more common in the colon, with gastric lipomas representing only 5 % of all gastrointestinal lipomas (1,2). Giant gastric lipomas (>



4 cm) are even rarer (3). While most cases are asymptomatic, these lesions may be increasingly associated with abdominal pain, dyspepsia, obstruction, intussusception, and bleeding as size goes up (3).

On CT scans gastric lipomas appear as homogeneous, well-circumscribed, fat-density areas with attenuation between -70 and -120 HU. CT has demonstrated high sensitivity and specificity for their diagnosis, hence it is considered a first-line approach when suspicion arises (4). Management is usually surgical with partial gastrectomy and enucleation, although endoscopic management may be considered for some patients depending on tumor size (5).

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Figure A: Gastroscopy: submucosal lesion with apical ulceration in the antrum of the stomach.



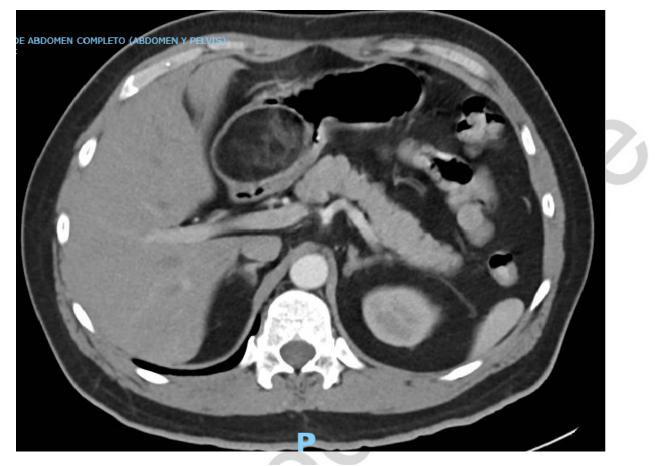


Figure B: Abdominal CT: a homogeneous, well-delimited fat-density mass measuring 5.9 x 4.3 cm in the gastric antrum.