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A rare cause of upper gastrointestinal bleeding in an elderly female: gastric angiolipoma

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Keywords: Upper gastrointestinal bleeding. Gastric angiolipoma.

Dear Editor,

An 83-year-old female with previous history of gallstone was hospitalized with intermittent melena of one-week duration. Gastroscopy showed a protuberant mass with thick pedicle and superficial ulcer measuring 3.0 × 4.0 cm in the lower gastric body (Fig. 1A). Biopsy of the ulcer indicated chronic inflammation without evidence of malignancy. Abdominal contrast-enhanced computed tomography (CT) demonstrated a well-defined and mixed density mass with heterogeneous enhancement in the gastric body (Fig. 1B, white arrow, CT value -50 HU). Her hemoglobin was 98 g/l and liver, renal, coagulation function and tumor markers were within reference values. Laparoscopy-assisted distal gastrectomy was

performed and the resected specimen contained a polypoid protuberance with a long thick pedicle. Histopathology examination revealed a tumor in the submucosa which was composed of mature adipose tissue and proliferative blood vessels (Fig. 1C). The final diagnosis was gastric angiolipoma. The patient was discharged home uneventfully and no symptoms was observed during six months of follow-up.

Discussion

Angiolipoma was first defined in 1912 and was first described as a new disease entity in 1960 due to its different clinical and pathological features from those of lipoma (1). Angiolipoma is a rare benign soft tissue tumor, an unusual variant of lipoma, consisting of fatty and vascular components (2). Angiolipomas are generally subcutaneous and encapsulated and most commonly occur on the trunk and extremities (3). Angiolipomas rarely occur in the gastrointestinal tract. When they do occur in this location, they are usually found in the ileum and colon of middle-aged to elderly men (4). In the literature, only five cases of angiolipoma involving the stomach have been reported (3). The clinical manifestations of angiolipoma are not very specific and have a close relationship with the volume of the tumor, complicating the diagnosis. Angiolipomas in the upper alimentary canal mainly present as hemorrhage, while those in the lower alimentary canal mainly present as pain and obstruction (4). CT and endoscopy may be the best preoperative diagnostic techniques. Biopsy can be useful but is not conclusive. Although endoscopic and radiologic examination may provide some helpful information, accurate preoperative diagnosis is often challenging. The final diagnosis usually depends on histological examination of the excised specimen, while immunohistochemistry appears to be less specific (3,4). Surgical resection is the main treatment option for gastrointestinal angiolipoma and the recurrence rate is low when the angiolipoma is completely resected (3).

References

1. Howard WR, Helwig EB. Angiolipoma. Arch Dermatol 1960;82:924-31. DOI: 10.1001/archderm.1960.01580060078011

2. Ni X, Yin J, Chen L, et al. Endoscopic resection of a rare duodenal polypoid mass: duodenal angiolipoma. Rev Esp Enferm Dig 2022. DOI: 10.17235/reed.2022.9268/2022

3. Yeo SM, Lee JK, Kim HS, et al. Gastric angiolipoma resected with endoscopic submucosal dissection. Clin Endosc 2021;54:432-5. DOI: 10.5946/ce.2020.146

4. Sun J, Kang W, Zeng Z, et al. Rare localization of angiolipoma in the gastrointestinal tract: a case series. J Int Med Res 2020;48(9):300060520938589. DOI: 10.1177/0300060520938589

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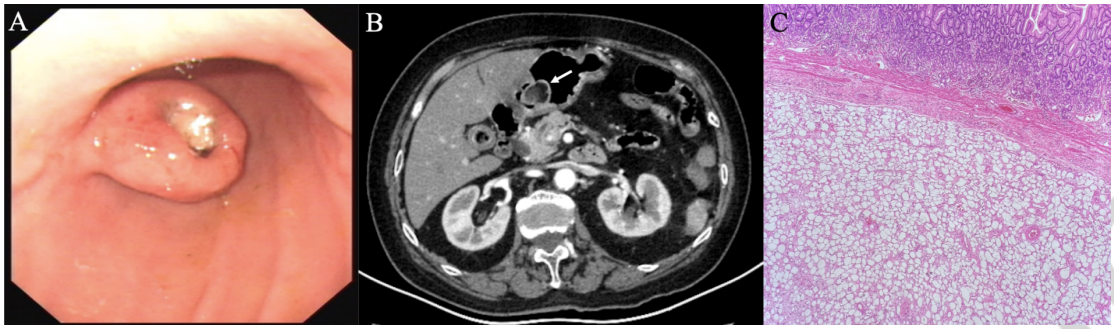

Fig. 1. A. Gastroscopy showed a protuberant mass with a thick pedicle and superficial ulcer measuring 3.0 × 4.0 cm in the lower gastric body. B. Abdominal contrast-enhanced computed tomography (CT) demonstrated a well-defined and mixed density mass with heterogeneous enhancement in the gastric body (white arrow, CT value -50 HU). C. Histopathology examination revealed a tumor in the submucosa which was composed of mature adipose tissue and proliferative blood vessels.