Endoscopic submucosal dissection for a gastric fibrolipoma

Dear Editor,

Fibrolipoma is one of the uncommon variant of lipomas characterized by the presence of adipose tissue and abundant amounts of fibrous tissues (1). It is usually encountered in a subdermal location and uncommonly involves the alimentary tract (2). This letter to editor describes a gastric submucosal mass which was ultimately diagnosed with fibrolipoma.

Case report

A 51-year-old women came to our hospital with a 17-year history of intermittent epigastric pain. There was no family history of gastric cancer. Upon presentation, his physical examination was remarkable only for light epigastric tenderness. Laboratory studies showed no test abnormalities. Esophagastroduodenoscopy revealed a 20 mm, soft, elevated, broad-based, polypoid lesion in gastric antrum without superficial erosion or ulceration (Fig. 1). Endoscopic ultrasonography showed that the mass was originating from the submucosal layer (Fig. 2). The mass was diagnosed as likely gastric heterotopic pancreas.

The patient received endoscopic submucosal dissection (Fig. 3) and histopathologic examination revealed fibrolipoma (Fig. 4). He was discharged 4 days after endoscopic submucosal dissection.
sal dissection and no recurrence was noted within an 18-month follow-up.

Discussion

Gastrointestinal fibrolipoma is an uncommon benign tumor usually occurring in the colon and rarely in the stomach (1). The etiology of fibrolipoma is generally considered to be chronic mechanical irritation or inflammation that induces secondary fibrous changes in the lipoma. When fibrolipoma is found in the stomach, it is usually asymptomatic. But it may become inflamed or ulcerated, thus, create discomfort, epigastric pain, and even gastrointestinal hemorrhage (3,4). Fibrolipoma may mimic a stromal tumor, lipoma and heterotopic pancreas, etc. Endoscopic ultrasonography is useful for differential diagnosis by the findings of characteristic echogenecity and detection of the tumor origin and the final diagnosis is by histologic results. Although laparoscopic or open surgery was recommended for removal of a fibrolipoma, we removed the tumor by endoscopic submucosal dissection in the present case and no recurrence was noted during a follow-up of 18 months. A careful postoperative follow-up is necessary as recurrence or malignant transformations have been reported.

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References