**Gastric lipoma: A rare cause of gastrointestinal bleeding**

**ABSTRACT**

We report the case of a 58 year old lady, admitted to hospital with gastrointestinal bleeding. Esophagogastroduodenoscopy demonstrated a protrusion in the gastric wall with erosion of the surface epithelium. Further investigations using a computed tomography scan revealed that the protrusion was in fact a submucosal lipoma, which required surgical intervention. This case has shown that patients presenting with upper gastrointestinal bleeding requiring urgent endoscopic examination may also benefit from further investigations such as a computed tomography scan to confirm the diagnosis.

**Keywords:** Stomach, lipoma, bleeding, therapy.

**Saudi Medical Journal 1999; Vol. 20 (11): 891-892**

1. Ultrasonography detected a homogenous and echodense mass in the submucosa of the posterior gastric wall. Computed tomography detected a homogenous fat-like lesion 5.1 x 3.7 cm, (Figure 2), with minus 100 HU on the posterior stomach wall. This finding was interpreted as an intramural lipoma.

The patient, thereafter, underwent surgical therapy. After approaching the stomach by ventral gastrostomy, we removed a submucosal tumor the size of 5 x 4 cm from the posterior gastric wall. Both openings in the anterior and posterior gastric wall were each closed by two rows of running sutures. Frozen sections of the specimen confirmed the diagnosis of lipoma. The final histopathological report described a submucosal lipoma of 5.2 x 3.8 x 3.2 cm in size. The patient recovered uneventfully.

**Discussion.** Thirty five to fifty percent of upper gastrointestinal bleeding are due to ulcers. 12-25

Lipomas of the gastrointestinal tract are rare, an incidence of 0.1-0.3% at autopsy.12 They comprise 15% of benign tumors in this region, of them are found in the colon (65-75%) and small intestine (20-25%). They very rarely occur in the oesophagus and in the stomach. Women are more vulnerable than men to this disease which is usually observed among patients in their fifties.9 Frequently, small tumors are: erosive, submucous, ulceration, bleeding, invagination, and obstruction.4 Malignant transformation is very

**Case Report.** A 54 year old woman presented with dizziness and melena. She had neither nor drank alcohol. She had no history of peptic disease or nonsteroidal anti-inflammatory treatment. She was hemodynamically stable with some abdominal tenderness but no peritoneal signs. Investigations revealed a hemoglobin of 9.2 g/dL and...
tumors both with 5-10% of Dieulafoy's ulcer, Verner-Morrison-Syndrome and hemorrhage from benign gastric tumors. This case report demonstrates that stomach lipoma was the reason for gastrointestinal bleeding. It can be mild due to pressure necrosis of the overlying mucosa and lead to chronic anemia, or it can be severe and require surgical intervention. Most patients are asymptomatic, while 75% of patients with lesions larger than 4 cm have complications, bleeding being the most common of them.

The primary diagnostic tools are: endoscopy, sonography and endosonography. Microscopic examinations of specimen taken do not always confirm the true diagnosis, because lipomas are usually in the submucosal region. The best method to achieve a correct diagnosis remains computed tomography. This procedure allows determination of size, location, relation to other tissues and tissue density. With regards to the therapy, Ackermann and Chungai (1975) suggested local excision of lipomas in the gastric wall. This case report showed that surgical intervention is an indication in bleeding caused by stomach lipoma. Large tumors require gastric resection such as Billroth I or Billroth II. Occasionally, small pediculated tumors can be removed endoscopically.

References