



A rare case of gastric lipoma presenting as severe anemia:case report

KEYWORDS

bilobed, endoscopy, computed tomography.

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ABSTRACT

Gastric lipoma is a benign tumour and rarely symptomatic .we report a case a of gastric lipoma in a 36 year old male who presented with complains of severe anemia ,when evaluated with endoscopy revealed a large bilobed growth with central ulceration near incisura angularis .Computed tomography of abdomen showed a 8*4cms bilobed lesion with fat density areas within arising from pylorus .The case is presented to show that these benign rarely symptomatic tumors can be a cause of life threatening severe anemia.

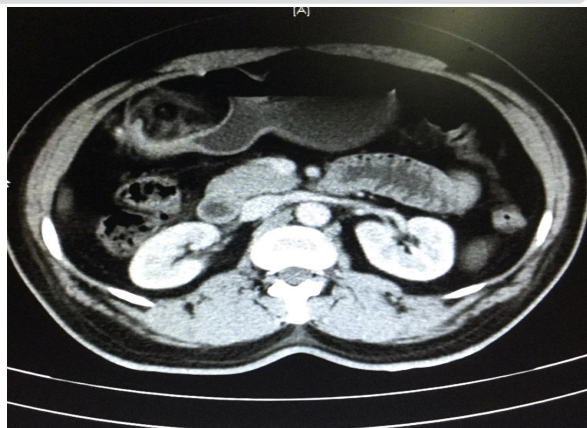
Case history:

A 36 year old male presented with complaints of melena and dyspnoea on exertion for the past two months with history of easy fatigability and dizziness.on general examination severe pallor was present rest of the abdominal and systemic examination was unremarkable .a clinical diagnosis of upper gastrointestinal bleed was made and complete blood count revealed haemoglobin of 4.8 gm/dl rest of the routine blood investigations were normal peripheral smear showed fragmented RBC's.

upper gi endoscopy revealed a large bilobed growth with central ulceration near the incisura angularis in the body of the stomach,biopsy was not taken in view of anticipated bleed and severe bleed.Figure 1



computed tomography of abdomen was done which showed an well defined bilobed heterogeneous lesion measuring 8.1*4.2cms with fat density areas within noted arising from submucosal location in the anterior wall of pylorus and first part of duodenum with enhancing mucosa displaced into the lumen by the lesion Figure 2



Based on these above studies a diagnosis of gastric lipoma was made and after correcting the underlying anaemia patient was posted for laparotomy during the surgery a growth was palpable in the body of the stomach ,wedge resection was done.

gross examination of the specimen showed ulcerated mucosa over a bilobed growth of about 8.8*5.5*3.2cms *Figure 3, Figure 4

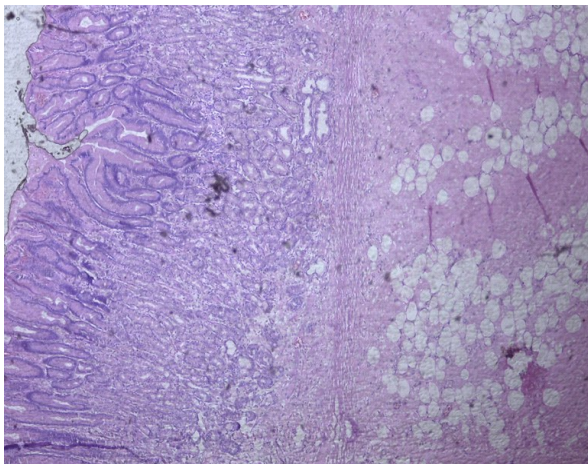


cut section shows yellowish white lesion arranged in lobules reaching upto mucosa



post operative period was uneventful and patient was discharged on post op day 5. patient was reviewed after two weeks and clinical examination was normal.

final histopathological report came as lipoma with areas of ulceration and abscess formation, section showing gastric mucosa which is unremarkable submucosa shows a lesion of sheets of adipocytes. Figure



Discussion:

gastric lipomas are extremely rare with an incidence of 5% of all gastrointestinal lipomas and have an incidence of 3% of all benign tumours of the stomach [1]. the symptoms produced by gastric lipomas are related to the size of the lesion. when small <2cm lipomas are usually asymptomatic and often discovered incidentally [1,2]. They are usually submucosal localized to the antrum and composed of mature adipose tissue [3]. Bleeding is the most common symptom (50% of cases) [4], occurring due to ulceration of the mucosa. preoperative diagnosis of gastric lipoma has become easier with imaging technologies present today.

Endoscopically, gastric lipomas typically appear as smooth submucosal masses with a yellowish hue when compared with surrounding tissue, occasionally with areas of discrete ulceration [1]. At CT lipoma appears as a well-circumscribed tumour with homogeneous negative attenuation values and no infiltrative growth [5,6,7]. CT pattern appears to be specific, based on the fat density of the tumour.

Surgical resection is the mainstay of treatment. It can be treated with simple local enucleation or partial gastric resection. Endoscopic snare removal of a submucosal lipoma is another

option for small submucosal lipomas [8]. However laparoscopic removal of large gastric lipoma has been successfully performed and offers advantage over an open surgery.

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