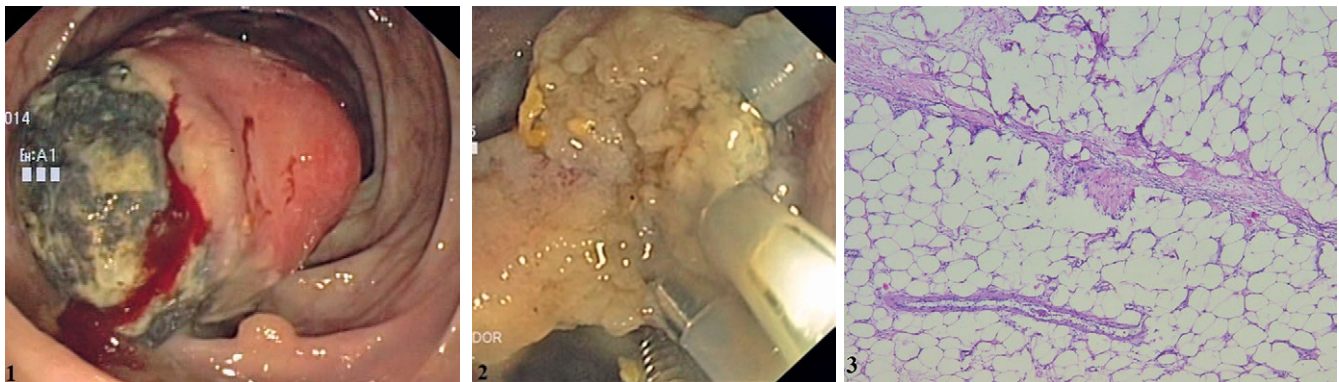


Endoscopic Resection of a Giant Colonic Lipoma causing Severe Anemia

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A 62-year-old man with comorbidities of stroke and diabetes under treatment with oral anticoagulants presented with severe anemia (hemoglobin 6 g/dl). Upper esogastroduodenoscopy showed normal aspect. At colonoscopy, a pedunculated, ulcerated, necrotized giant tumor of about 5 cm with a thick stalk of 1.5 cm was found at the ileo-cecal valve (Fig. 1). Biopsies were taken, but the results were inconclusive. The patient opted for endoscopic removal, after being informed about the risk of perforation and bleeding. Dabigatran therapy was interrupted two days prior to the procedure. Endoloop insertion was attempted, but the tumor was too large to fit into it. Hemoclips were inserted at the base of the stalk and the tumor was excised by electrosurgical snare (200W). The base of the resected specimen, no longer attached to the large polyp, entered back into the small bowel. Hemoclips were placed in the small bowel to close the ulcer margins (Fig. 2). No complications were recorded and the patient was discharged 48 h later from the hospital. The anticoagulant therapy was resumed. The pathology examination surprisingly revealed an atypical lipoma, without malignancy (Fig. 3, H&E x5).

Colonic lipomas rarely cause symptoms and are usually detected incidentally. However, if the tumor is large, it may produce symptoms, such as abdominal pain, rectal bleeding, obstruction, intussusception. Large colonic lipomas can be mistaken for malignancy, which may result in extensive surgical operations [1, 2].

Because most of the lipomas develop in the submucosa, endoscopic removal of large lipomas entails a higher risk of morbidity due to perforation compared with adenomatous polyps: their high water content requires a tremendous amount of heat to cut through the lipoma [3].

However, the endoscopic approach remains a safe and effective option for giant lipoma resection, and depends mainly on the endoscopist's skills and the use of appropriate hemostatic devices.

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