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A Giant Gastric Lipoma

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ABSTRACT

Introduction: Gastric lipomas are rare (<1% of all gastric tumors). Giant gastric lipomas (≥ 4 cm) are even rare, with only 32 cases described since 1980, of which only 6 with ≥ 10 cm. They are more common in the gastric antrum. The initial manifestation of these tumors may include obstruction, ulceration or gastrointestinal bleeding.

Case Report: We present a clinical case of a woman, 59 years old, with a history of papillary thyroid carcinoma with cervical metastases, asymptomatic. During the follow-up of the carcinoma, a large lipomatous formation was detected in the lesser curvature of the stomach, well circumscribed, in the submucosa. A complementary study was carried out with upper digestive endoscopy (UDE) and ecoendoscopy. The UDE confirmed a lesion on the lesser curvature, covered by normal mucosa, raising suspicion of a gastrointestinal stromal tumor (GIST) or lipoma. However, the biopsy of the lesion did not reveal signs of malignancy. The patient was then proposed for surgery. The patient underwent laparoscopic surgery for extramucosal enucleation of a gastric lipoma measuring 8.5 cm, with resection of the adherent mucosa. The postoperative period was uneventful, with discharge on the 5th day. The anatomopathological examination revealed that it was a well-differentiated lipomatous tumor, negative for the MDM2 gene.

Conclusions: A gastric lipoma must be characterized by CT and UDE. Differential diagnoses include benign lesions such as angiolipomas and fibrolipomas, or malignant ones. In the presence of ulcers or fibrovascular septa, the cytogenetic study is important to exclude liposarcoma. Endoscopic biopsies are usually non-diagnostic due to the submucosal location of the mass. Resection of the lipoma and its' fibrous capsule may be feasible, with the eventual need for subtotal gastrectomy in case of larger lipomas. Local recurrence is <5%, occurring mainly if incomplete excision of the fibrous capsule. Surgery is therefore a valid and safe treatment optioncommon in the gastric antrum. The initial manifestation of these tumors may include obstruction, ulceration or gastrointestinal bleeding.

Key words: gastric lipoma, bleeding, gastric tumors, CT, UDE

Conflict of interest

All authors declare that they have no conflict of interest.

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Ethical statement

Written informed consent was obtained from the patient of this case report.

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