Gastric Fibrolipoma Presenting as GI Bleed

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Introduction

- Gastric lipomas are very rare, benign tumors, usually occurring in the 5th or 6th decade of life. The majority of gastric lipomas are located in the antral region of the stomach, in the submucosa layer. [1]
- Account for only about 5% of the GI tract lipomas, about 3% of the benign tumors of the stomach, and less than 1% of all gastric tumors. [2-4] The majority of gastric lipomas are asymptomatic, but can present as abdominal pain, nausea, vomiting, gastric outlet obstructions, or GI bleeding. The most common symptom, seen in 50% of cases, is ulceration with bleeding. [3]
- Less than 5 cases have been reported in the medical literature of a gastric lipoma presenting with a massive GI bleed. [5,6]

We present a case of a 76 year old female who presented with weakness and severe anemia. EGD revealed a large submucosal mass at the incisura angularis of the stomach. Patient had a laparoscopic wedge resection of the gastric mass. Pathology revealed a gastric fibrolipoma.

Case Presentation

- A 76 year old female presented with weakness and 1 episode of coffee-ground emesis and dark stools 2 weeks prior.
- Past medical history of hypertension and coronary artery disease with 7 cardiac stents.
- On presentation, vitals stable with no significant physical exam findings.
- Treatment: transfused 3 units PRBC (currently Hgb 10.2 from 5.3) and underwent EGD which demonstrated a large submucosal mass at the incisura angularis. Biopsies were taken.
- Pathology from EGD showed no evidence of the mass as biopsies did not reach the submucosa. No evidence of intestinal metaplasia or malignancy was observed.
- Taken to OR for a laparoscopic wedge gastrectomy (Figures 1-4).
- Intraop: ink was seen on the distal stomach near the lesser curvature. An intragastric port was placed revealing a mass in the distal stomach near the lesser curvature. The intragastric port helped to determine resection margins.
- Findings: submucosal tumor with overlying ulcer in the distal stomach near the lesser curvature. No evidence of peritoneal or omental surface metastasis identified.
- Final pathology from wedge gastrectomy showed a 5.5 cm gastric fibrolipoma with no evidence of malignancy.
- Patient discharged home on post op day 2.

Figures





CT: Large heterogeneous fatty mass filling gastric body and antrum

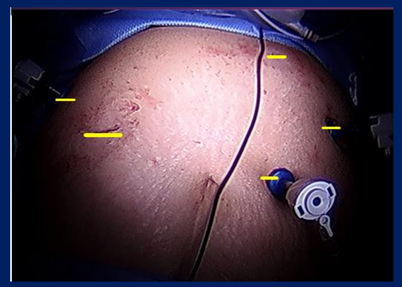


Figure 1: Laparoscopic port placement for wedge gastrectomy

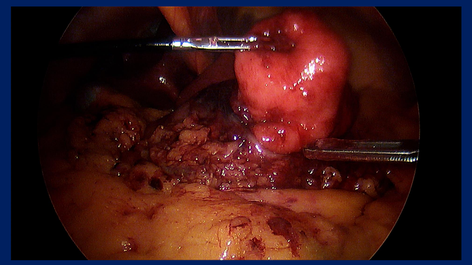


Figure 2: Gastric fibrolipoma located at the incisura angularis

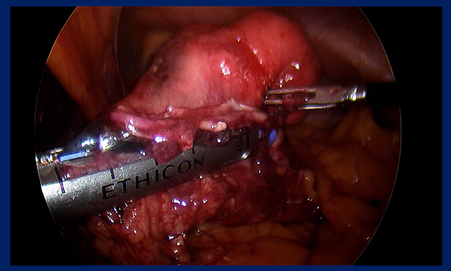


Figure 3: Blue staple load to staple off 5.5 cm gastric fibrolipoma

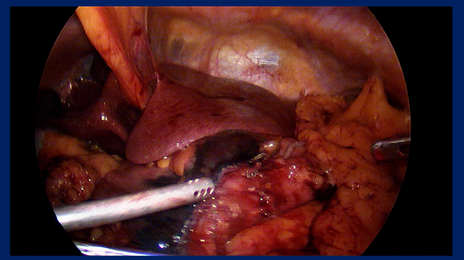


Figure 4: Staple line after gastric fibrolipoma was removed

Discussion

- Gastrointestinal lipomas are benign tumors, composed of adipose tissue, covered by a fibrous capsule. [2-4]
- Gastric lipomas comprise only 5 percent of all gastrointestinal lipomas. [2-4]
- As in this case, up to 95% of gastric lipomas are found in the submucosa and are usually solitary in nature. Up to 75% of gastric lipomas are found in the antrum of the stomach. [1]
- While most gastric lipomas are usually asymptomatic, it has been reported that a gastric lipoma over 2.0 cm can present with acute or chronic GI bleeding, dyspepsia, and obstruction in 37% of people. [7,8]
- Diagnosis: upper GI endoscopy (EGD), CT showing well defined mass with HU -50 - 60, EUS, and MRI [7,8]
- Differentials: GIST, leiomyoma, liposarcoma, neurilemmoma, Brunner gland adenoma, and ectopic pancreas [9]
- Treatment: Surgical excision or endoscopic mucosal resection are the definitive treatments of choice for symptomatic submucosal gastric lipomas. [10,11]
- Partial or full gastrectomy can be indicated for large gastric lipomas.

Conclusion

This case demonstrates that a potential cause of major upper GI bleeding can be due to a gastric fibrolipoma. Therefore, the differential of gastric fibrolipoma should be considered in patients presenting with an upper GI bleed.

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