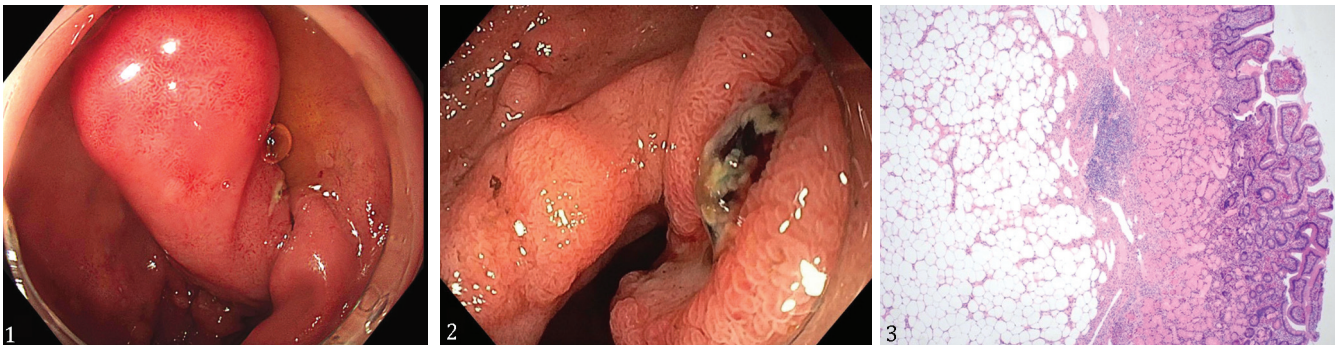


Duodenal Lipoma Presenting with Life-threatening Upper Gastrointestinal Hemorrhage Treated with Endoscopic Mucosal Resection

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A 76-year-old male presented to our institution with a 4-hour history of melaena and hematochezia. Melaena with frank blood was noted on rectal examination. Preliminary investigations revealed a hemoglobin of 110 g/L with a urea of 12.1 mmol/L. Emergent gastroscopy was performed, identifying a large, pedunculated polyp at the junction of the first and second parts of the duodenum (Fig. 1). The polyp had a 20 mm stalk and a 30 mm head with overlying normal duodenal mucosa. Two ulcers were identified on the lateral aspect of the polyp stalk. The largest ulcer measured 5 mm in maximal diameter, with a non-bleeding visible vessel apparent (Forrest IIa) (Fig. 2). Three hemostatic clips were successfully placed to achieve hemostasis.

Repeat gastroscopy was performed 48 hours later. During this, gelofusine, dye and adrenaline were injected submucosally, before the polyp was resected en-bloc. Hot snare endoscopic mucosal resection was performed. The subsequent defect was closed using three clips. Histopathological analysis of the resected duodenal polyp revealed duodenal mucosa with underlying submucosal lipoma characterized by mature adipocytes, consistent with a duodenal lipoma (Fig. 3).

Gastrointestinal lipomas are slow-growing, mature-adipose tissue tumors that account for approximately 3% of all benign gastrointestinal tumors [1]. Small bowel lipomas make up a small portion of these and are usually asymptomatic, often being diagnosed incidentally on routine endoscopy. Rarely, gastrointestinal lipomas may result in gastrointestinal hemorrhage, with the current literature limited to case reports [2]. Diagnosis is multimodal, with early computed tomography with angiography proving helpful in localizing

the source of hemorrhage, while endoscopy is both diagnostic and therapeutic [1, 3, 4]. Endoscopic ultrasound is beneficial in determining the mucosal origin of lesions to help plan resection. Surgical duodenotomy and duodenectomy have been described as an alternative treatment modality, particularly in the setting of lipomas complicated by intussusception and obstruction [5].

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