

Giant lipoma of the esophagus

Özofagusun dev lipomu

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Lipoma is an unusual benign tumor of the alimentary tract that has an overall incidence rate of 4.1%. However, esophageal localization is exceptionally rare, with an incidence rate of only 0.4%.^[1] In their study, Akiyama et al.^[2] reported the presence of 10 esophageal lipomas, with seven being in the cervical esophagus and three in the thoracic esophagus. Most esophageal lipomas are small and do not require any intervention. Although pathologically benign, a large esophageal lipoma can cause various symptoms, including asphyxia secondary to airway compression^[3] as well as central ulceration with bleeding and pain. The management of esophageal lipomas depends on the size and location of the lesion.^[4] Currently, surgical excision by enucleation is the favored treatment of esophageal lipoma.

Herein, we present the case of a 51-year-old man with dysphagia. He underwent esophagography and chest computed tomography (CT) at our facility, and these revealed an 8x15 cm esophageal intraluminal tumor mass (Figure 1). The mass was totally resected via a right thoracotomy, and the pathology results identified a lipoma (Figure 2). The procedure was

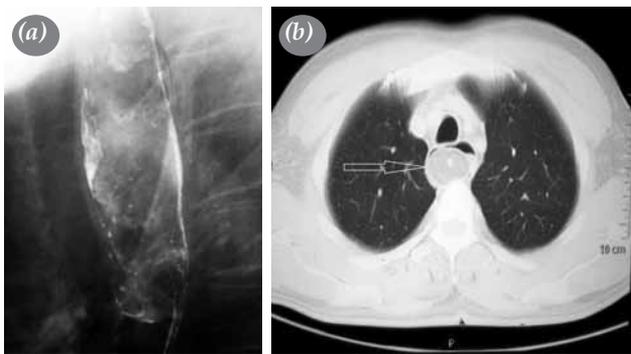


Figure 1. (a) A barium swallow showed an 8x15 cm smooth tumor in the upper part of the esophagus. (b) Chest computed tomography revealed an 8x15 cm submucosal tumor (arrow) with narrowing in the upper third of the thoracic esophagus.

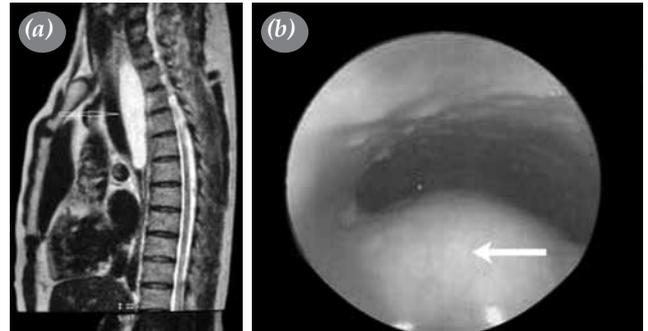


Figure 2. (a) Magnetic resonance imaging of the thorax showed a submucosal elongated lipoma (arrow) with luminal narrowing in the upper third of the thoracic esophagus. (b) An upper gastrointestinal endoscopy showed a large mass covered by a normal mucosa arising from the posterior wall (arrow = lipoma of the esophagus). (c) Macroscopic findings of the esophageal tumor revealed that it was yellowish in color and had an adipose tissue-like appearance.



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successful, and he had an uneventful recovery period.

Declaration of conflicting interests

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REFERENCES

1. Wang CY, Hsu HS, Wu YC, Huang MH, Hsu WH. Intramural lipoma of the esophagus. *J Chin Med Assoc* 2005;68:240-3.
2. Akiyama S, Kataoka M, Horisawa M, Inoue S, Sakai M, Ito K, et al. Lipoma of the esophagus--report of a case and review of the literature. *Jpn J Surg* 1990;20:458-62.
3. Hosokawa O, Shirasaki I, Sandou N. Endoscopic removal of esophageal lipoma. *Gastroenterolog Endosc* 1985;27:738-43.
4. Carrick C, Collins KA, Lee CJ, Prahlow JA, Barnard JJ. Sudden death due to asphyxia by esophageal polyp: two case reports and review of asphyxial deaths. *Am J Forensic Med Pathol* 2005;26:275-81.