



LIPOMA OF THE ESOPHAGUS: REPORT OF A CASE

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Abstract. We present a case of esophageal lipoma. A 55-year-old man had dysphagia and odynophagia for 2 years. Upper gastrointestinal system endoscopy showed a mass in the wall of the esophagus, occupying the lumen, causing obstruction. Computed tomography and abdominal ultrasound was performed because of endoscopic suspicion of submucosal tumor, the mass was confirmed to be a lipoma in the wall of esophagus. It was removed surgically by a thoracic approach. His symptoms healed after the operation.

1. Introduction

Lipoma of the alimentary tract is uncommon and its overall incidence is 4.1%, but that of esophagus is extremely rare with only 0.4% [1]. We report herein, a patient with dysphagia and odynophagia due to compression by an esophageal lipoma.

2. Case Report

A 55-year-old man was seen in three months before in the Gastroenterology Department in another hospital, with long-duration dysphagia and odynophagia for 2 years. Endoscopically, a large intraluminal mass in the esophagus was excluded.

He was admitted to our clinic. His clinical findings include weight loss, mild fever and mild leukocytosis. The general physical examination was negative. The erythrocyte sedimentation rate (ESR) was 89 mm, and the tumor markers were in a normal range. Endoscopy was reperformed, and showed a large intraluminal mass occupying the proximal half of the esophageal lumen covered by normal mucosa, which arose on the posterior wall (Fig 1).

Computed tomography (CT) and abdominal ultrasound (USG) was performed because of endoscopic suspicion of submucosal tumor, the mass was confirmed to be a lipoma in the wall of esophagus. CT reported this to be an intraluminal pediculated mass with the consistency suggestive of lipoma and abdominal USG did not show any remarkable lesion in the abdomen.

Keywords: *Esophagus, lipoma*

The tumor was removed by right-side thoracotomy. Operative treatment was planned by enucleating of the mass but the lumen of the esophagus was opened and esophagogastrostomy was performed after segmental esophagectomy.

Gross examination showed a well-circumscribed encapsulated mass which measured 4.5×3×2 cm. The cut surface was soft and bright yellow, resembling lipoma. Histological examination revealed large mature lipocytes. There was neither increased mitotic activity nor lipoblast (Fig 2).

The post-operative course was uneventful. His symptoms healed after the operation.

3. Discussion

Lipomas of the esophagus commonly present with dysphagia [2]. There may be symptoms of odynophagia, recurrent melena [3], and mechanical compression of the upper respiratory tract [4]. In adults, most esophageal lipomas often are pedunculated and located in the cervical esophagus [5, 6], which most commonly assume giant portions occupying a significant length of the esophagus [7], and may regurgitate and caused death by suffocation [8, 9].

Esophageal lipomas may have malign differentiation because of the vascularity of large benign polyp's [10], and ulceration may add to the problem [7]. The diagnosis depends on endoscopic examination and CT, which is evaluating the origin, extent, surface, and consistency of esophageal lipoma [11].

Surgical excision by enucleating of the esophageal lipoma is the preferred treatment. Oral route [8, 9], cervical esophagotomy [6], and endoscopic removal [12] are available options. If the tumor is in the thoracic esophagus, thoracotomy is advocated as an invasive, but safe technique [6]. In our case, the tumor was removed by right-side thoracotomy. Operative treatment was planned by enucleating of the mass, but the lumen of the esophagus was opened and esophagogastrostomy after segmental esophagectomy was performed.

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ÖZEFAGUS LİPOMU: OLGU SUNUMU

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Özet

Bu makalede bir özefagus lipomu olgusu sunulmaktadır. 55 yaşında erkek bir hastada 2 yıldır yutma güçlüğü ve ağrılı yutkunma şikayetleri mevcuttu. Yapılan üst gastrointestinal sistem endoskopisinde özefagus duvarında lümeni daraltan ve obstrüksiyona neden olan bir kitle saptandı. Endoskopik olarak submukozal tümör şüphesi olduğu için hastaya Bilgisayarlı Tomografi ve Abdominal Ultrason yapıldı. Bu tetkikler de özefagus lipomu tanısını doğruladı. Bu lipom torasik yaklaşımla cerrahi olarak çıkarıldı. Ameliyattan sonra hastanın semptomları tamamen geriledi.

Anahtar Kelimeler: Özefagus, lipom

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FIGURE 1: Upper gastrointestinal endoscopy shows a large, lobulated intraluminal mass within proximal half of the esophageal lumen, covered by normal mucosa, which arose on the posterior wall



FIGURE 2: Lipoma of the esophagus. Lobules of mature adipose tissue are shown (Hematoxylin and Eosin, $\times 100$).



