

Hematemesis Revealing a Gastric Lipoma

Ahsayen FZ*, Benremdan H, Aggari HE, Kamaoui I and Skiker I

Department of Radiology, Mohammed VI University Hospital, Oujda, Morocco

*Corresponding author:

Ahsayen fatima zohra,
Department of Radiology, Mohammed VI
University Hospital, Oujda, Morocco

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1. Presentation of the Clinical Case

Mr M.LA, 50 years old, with no significant pathological history, was admitted for hematemesis, evolving since 3 days. At admission the patient was stable on hemodynamic (normo tense with blood pressure 130/65 mmHg, normo carde at 98 bpm) state. The biological balance was in favor of a microcytic hypochromic anemia, hemoglobin at 5g/dl.

The oesogastroduodenal fibroscopy revealed a sub-mucosal lesion

that bulged into the digestive lumen with an ulcerated aspect of the mucosa. In order to characterize the gastric parietal lesion, an abdominal CT scan was performed, showing a gastric parietal formation of the small rounded curvature, well limited, hypodense with fatty density, measuring 2 cm of great axis (Figure 1).

The biopsy of the gastric ulcer was in favor of a gastritis without any sign of malignancy. The patient was put under symptomatic treatment, with good clinical evolution.

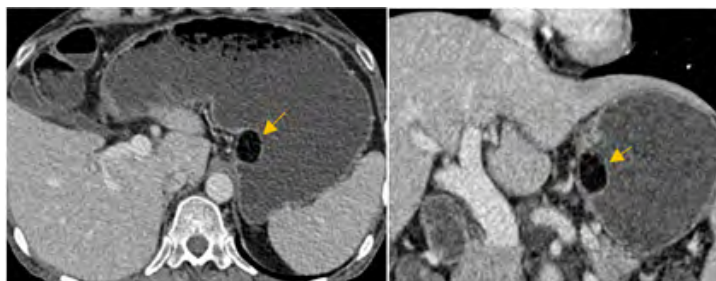


Figure 1 : Abdominal CT scan after injection of contrast at port time in axial and coronal section: gastric parietal lesion, rounded, hypodense of fat density (-90 HU) with a thin capsule .

2. Discussion

Gastric lipoma is a rare condition, less than 200 cases reported in the literature, it represents 11.6% of all gastrointestinal lipomas and 3 to 5% of all benign gastric tumors. The average age of patients at diagnosis is 60 years, both sexes are equally affected.

The antral region is the preferred site of gastric lipomas, which are usually solitary. The clinical manifestations of gastric lipoma are variable. In addition to latent forms discovered radiologically, endoscopically or surgically, digestive hemorrhage is revealing in 50% of cases secondary to mucosal ulcerations on the surface of the lipoma, the pathogenesis of these ulcerations remains poorly understood.

The CT scan allows a positive diagnosis by showing a well-limited gastric parietal mass with fatty density. Endoscopy allows to specify the sub-mucosal character of the tumor and to perform biopsies of the mucosal ulcerations.

Surgical treatment is necessary if the lesion is symptomatic or suspected of malignancy by enucleation or partial gastrectomy.

References

1. Ackerman NB, Chughtai SQ. Symptomatic lipomas of the gastrointestinal tract. Surg Gynecol Obstet. 1975; 141: 565-8.
2. Turkington RW. Gastric lipomas. Report of case and review of the literature. Am J Dig Dis. 1965; 10: 719-26.