Small Intestinal Lipoma Causing Obscure Gastrointestinal Bleeding

Takeshi Sawada¹, Mio Yoshida², Yasushi Adachi¹ and Takao Endo¹

Key words: lipoma, small intestine, enteroscopy, obscure gastrointestinal bleeding, computed tomography

(DOI: 10.2169/internalmedicine.52.9308)

A 77-year-old woman with a history of coronary artery disease was admitted to our hospital to undergo an examination for the onset of recurrent hematochezia requiring intermittent transfusions. Four months prior to admission, clopidogrel was administered in addition to aspirin after percutaneous coronary intervention. Esophagogastroduodenoscopy and colonoscopy were not able to identify any responsible lesions. Retrograde single-balloon enteroscopy revealed a submucosal tumor with a shallow ulcer in the distal ileum (Picture 1). Abdominal ultrasound showed a hyperechoic mass in right lower quadrant (Picture 2). Computed to-

Picture 1.

Picture 2.

Picture 3.

Picture 4.
Computed tomography showed an ovoid tumor with fat attenuation (Picture 3). Segmental ileotomy was performed, and a microscopic examination revealed mature fat cells, thus confirming a diagnosis of lipoma (Picture 4). Small intestinal lipomas are rare and an even rarer source of massive obscure gastrointestinal bleeding (1, 2). Large lipomas can therefore cause intestinal obstructions as well as gastrointestinal bleeding, which may have been induced by the administration of dual antiplatelet therapy in this case.

The authors state that they have no Conflict of Interest (COI).

References