



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

International Journal of Current Research

Vol. 16, Issue, 06, pp.28790-28791, June, 2024

DOI: <https://doi.org/10.24941/ijcr.47330.06.2024>

RESEARCH ARTICLE

MODERATELY LARGE MID OESOPHAGEAL SYMPTOMATIC LIPOMA SUCCESSFULLY TREATED WITH ENDOSCOPIC BAND LIGATION- A RARE CASE REPORT

Das Kanhu Charan Prof., Dr. Utsav P., Dr. Amit Kumar and Mr. Sanjib Kumar

Department of Gastroenterology and Hepatology Apollo Hospital, Plot no 251, Sainik Road Unit-15
Bhubaneswar-5, Odisha

ARTICLE INFO

Article History:

Received 20th March, 2024

Received in revised form

15th April, 2024

Accepted 24th May, 2024

Published online 29th June, 2024

ABSTRACT

Esophageal lipomas are rare tumors. Most of these lesions are clinically silent as a result of their small size, however, the majority of lesions over 3 cm have been reported to cause dysphagia, regurgitation and/or epigastralgia. Accurately diagnosing an esophageal lipoma is crucial in order to rule out potential malignant lesions, relieve patient symptoms and plan the appropriate treatment. We report a rare case of largesymptomatic midesophageal lipoma treated with band ligation successfully.

Key words:

Esophageal Lipoma, Dysphagia, Band Ligation.

*Corresponding author:

Das Kanhu Charan

Copyright©2024, Das Kanhu Charan et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Das Kanhu Charan Prof., Dr. Utsav P., Dr. Amit Kumar and Mr. Sanjib Kumar. 2024. "Moderately large mid oesophageal symptomatic lipoma successfully treated with endoscopic band ligation- A rare case report". *International Journal of Current Research*, 16, (06), 28790-28791.

INTRODUCTION

Benign tumors of the esophagus are very rare. Esophageal lipomas, in particular, account for only 0.4% of all digestive tract benign tumors arises from submucosal layer. (1). Most of gastrointestinal lipoma occur in the proximal large colon. Because most esophageal lipomas are small and asymptomatic, many cases are found incidentally during imaging or endoscopic examination for other reasons. Rarely, esophageal lipomas become large and tend to produce symptoms such as dysphagia, and sometime surgical excision is required.

Case presentation

Case presentation and procedure: A 57-year-old man hails from Midnapure district of West Bengal ,came to our department with post prandial retrosternal fullness and pain while eating. Some times dysphagia. An upper G.I. endoscopy was done for him . During scopy , a moderately large subepithelial yellow pale mass around 2.5cm size noted in the mid esophagus and features suggestive of esophageal lipoma. Because he had symptoms, we applied single EVL band at the base of the lesion in OPD basis (Figure- 1) . After two months, he underwent repeat endoscopy, no mass was visible, esophageal mucosa was healthy (Figure-2).

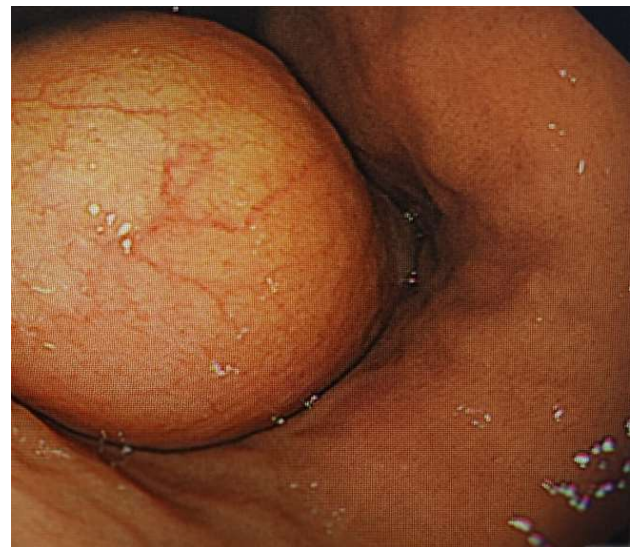


Figure 1. Mid Esophageal lipoma

Patient symptoms were improved. Surgery with esophagectomy with high invasiveness was avoided. The patient did not require admission and did not have post procedure complication.



Figure 2. Esophagus after treatment

DISCUSSION

Variceal band ligations are being utilized for ligating bleeding or non-bleeding large oesophageal as well as other ectopic varices in the gastro-intestinal tract. This can also be used less commonly in haemorrhoidal bleed in the rectum. In case, lipoma which is symptomatic in oesophagus. Surgery with oesophagectomy will be high invasiveness that can be avoided if band ligation will be within the reach of lipoma. Usually this patient does not require hospitalization nor have any procedural related complications.

Prior Publication: NIL

This article has not been published or submitted for publication elsewhere, in whole or in part, before submission to the Case

Consent: The authors declare that they have provided written informed consent from the described patient for the case report to be published.

Conflict of Interests: The authors declare that there is no conflict of interests regarding the publication of this paper.

ACKNOWLEDGEMENTS

I would like to extend my thanks for the manuscript to be published.

Abbreviation: EVL- Endoscopic band ligation

REFERENCES

- Mayo CW, Pagtalunan RJ, Brown DJ. 1963. Lipoma of the alimentary tract. *Surgery*. 53:598–603.
- Feldman J, Tejerina M, Hallowell M. Esophageal lipoma: a rare tumor. *J Radiol Case Rep.*, 2012;6(7):17–22.
- Tsalis K, Antoniou N, Kalfadis S, Dimoulas A, Dagdilelis AK, Lazaridis C. Laparoscopic enucleation of a giant submucosal esophageal lipoma. Case report and literature review. *Am J Case Rep.* 2013;14:179–83.
- Algin C, Hacıoglu A, Aydin T, Ihtiyar E. Esophagectomy in esophageal lipoma: report of a case. *Turk J Gastroenterol.* 2006;17(2):110–2.
- Kent M, d'Amato T, Nordman C, Schuchert M, Landreneau R, Alvelo-Rivera M, Luketich J. Minimally invasive resection of benign esophageal tumors. *J Thorac Cardiovasc Surg.* 2007;134(1):176–81.
- Wang CY, Hsu HS, Wu WC, Huang MH, Hsu WH. Intramural lipoma of the esophagus. *J Chin Med Assoc.* 2005;68(5):240–3.
- Watanabe T, Miyazaki T, Saito H, et al. Resection of an esophageal schwannoma with thoracoscopic surgery: a case report. *Surg Case Rep.* 2016;2(1):127.
- How CH, Lee JM. The robotic approach for enucleation of a giant esophageal lipoma. *J Robot Surg.* 2017;11(2):267–9.
- Jeon HW, Choi MG, Lim CH, Park JK, Sung SW. Intraoperative esophagoscopy provides accuracy and safety in video-assisted thoracoscopic enucleation of benign esophageal submucosal tumors. *Dis Esophagus.* 2015;28(5):437–41.
- Goto, W., Sakurai, K., Kubo, N. *et al.* Successful removal of a giant esophageal lipoma by thoracoscopic enucleation: a case report. *surg case rep* 6, 20 (2020). <https://doi.org/10.1186/s40792-020-0782-7>.
