



“Endoscopic Exposure Treatment” for a Small Colonic Lipoma

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Lipomas form lobulated masses enclosed by thin and fibrous capsules. Colonic lipomas are usually discovered on colonoscopy, and gentle palpation with biopsy forceps reveals soft nature of the

submucosal mass. Submucosal lipomas are usually not fixed to the underlying fascia. Large colonic ones may manifest as luminal obstruction, intussusception, volvulization or hemorrhage. Nonsurgical therapy includes endoscopic treatment for submucosal tumors in gastrointestinal tracts. In particular, the unroofing technique (cutting off the upper part of tumors) is usually applied for the diagnosis of submucosal tumors [1]. For treatment

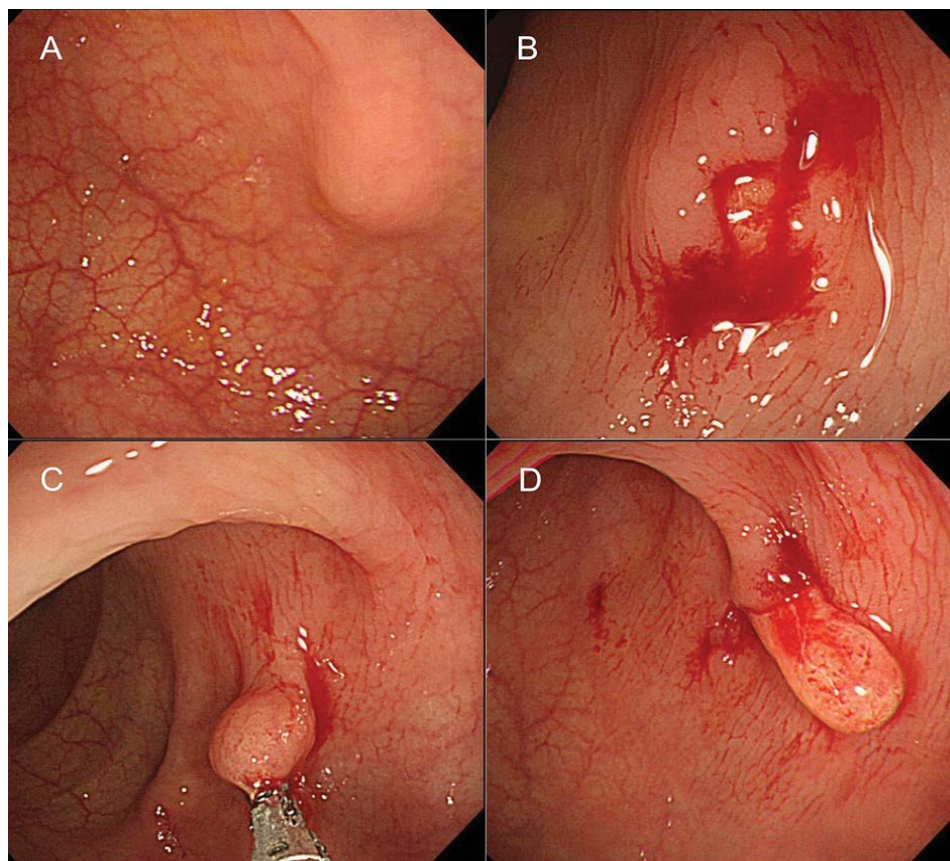


Figure 1: A colonic lipoma before (A), in the process of (B, C) and after “endoscopic exposure treatment (D).” After unroofing the mucosal layer by biopsy forceps, the fat tissue became naked (B). The operator gripped the submucosal lipoma alone and pulled it out (C). The whole capsuled lipoma was exposed to lumen of the colon (D).

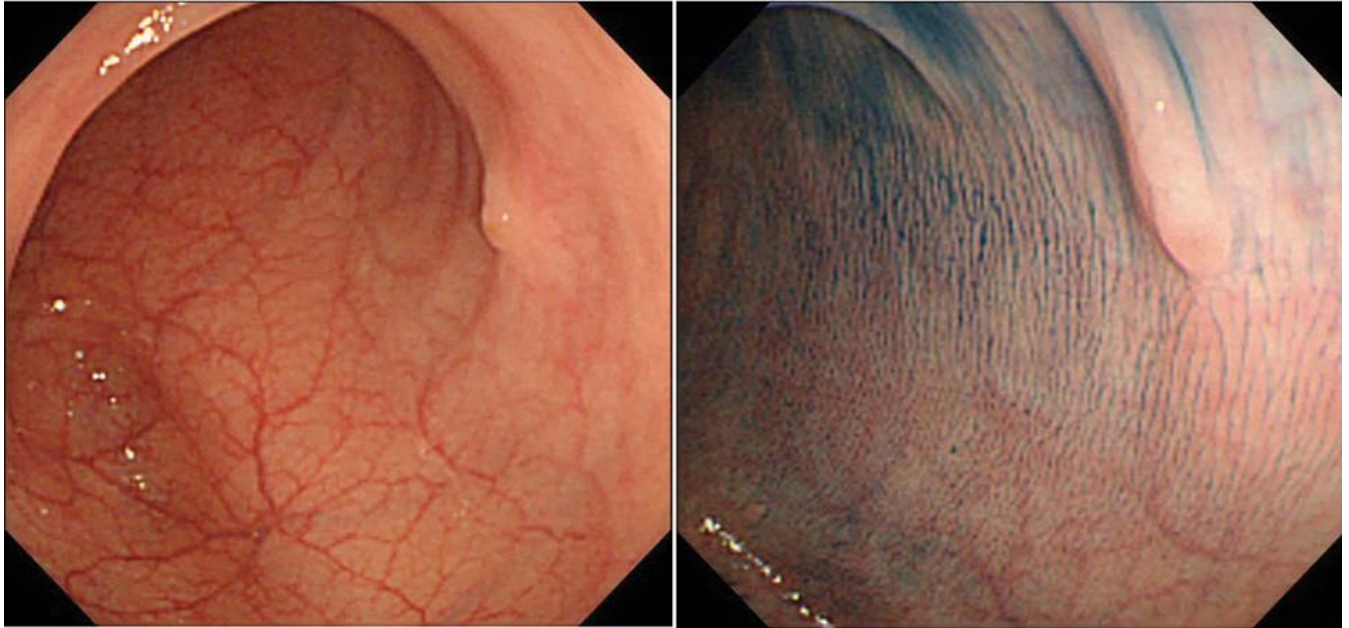


Figure 2: A colonic scar one year after "endoscopic exposure treatment".

purposes, the unroofing technique is applicable to lipomas, which may incidentally resolve [2], but additional treatment will be often required. Colonoscopic snare removal has been described, but may be associated with perforation if the base is broad [3]. Although the outcome and prognosis are excellent for benign lipomas, they may recur if the removal was incomplete. The fibrous capsule must be completely removed to prevent recurrence. Therefore, advanced safer and more effective treatments have been preferred.

As an improved unroofing technique, I have successfully pulled out and exposed the whole capsuled 10 mm diameter lipoma to lumen of the colon using only biopsy forceps and left it without further treatment (Figure 1). One year later, the lipoma completely disappeared with a small scar (Figure 2), also confirmed by biopsies.

"Endoscopic exposure treatment" appears to be a possible novel

therapy for non-stalked and broad-based small colonic lipomas, and advantages of this method are simpleness, safety, and completeness. We should consider the efficacy, safety and long-term prognosis of endoscopic treatment under the state of the respective colonic lipomas.

References

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