Giant lipoma of the esophagus

İrfan Yalçınkaya,¹ Cansel Atınkaya,¹ Hakan Kiral,¹ Mustafa Küpeli,² Hakan Göi³

Institution where the research was done:
Süreyyapaşa Chest Disease and Thoracic Surgery Training and Research Hospital, İstanbul, Turkey

Author Affiliations:
¹Department of Thoracic Surgery, Süreyyapaşa Chest Disease and Thoracic Surgery Training and Research Hospital, İstanbul, Turkey
²Department of Thoracic Surgery, Medical Faculty of Gaziosmanpaşa University, Tokat, Turkey
³Department of Thoracic Surgery, Samsun Chest Diseases and Thoracic Surgery Hospital, Samsun, Turkey

Lipoma is an unusual benign tumor of the alimentary tract that has an overall incidence rate of 4.1%. However, esophageal localization is exceptionally rare, with an incidence rate of only 0.4%.¹ In their study, Akiyama et al.² reported the presence of 10 esophageal lipomas, with seven being in the cervical esophagus and three in the thoracic esophagus. Most esophageal lipomas are small and do not require any intervention. Although pathologically benign, a large esophageal lipoma can cause various symptoms, including asphyxia secondary to airway compression³ as well as central ulceration with bleeding and pain. The management of esophageal lipomas depends on the size and location of the lesion.⁴ Currently, surgical excision by enucleation is the favored treatment of esophageal lipoma.

Herein, we present the case of a 51-year-old man with dysphagia. He underwent esophagography and chest computed tomography (CT) at our facility, and these revealed an 8x15 cm esophageal intraluminal tumor mass (Figure 1). The mass was totally resected via a right thoracotomy, and the pathology results identified a lipoma (Figure 2). The procedure was

Figure 1. (a) A barium swallow showed an 8x15 cm smooth tumor in the upper part of the esophagus. (b) Chest computed tomography revealed an 8x15 cm submucosal tumor (arrow) with narrowing in the upper third of the thoracic esophagus.

Figure 2. (a) Magnetic resonance imaging of the thorax showed a submucosal elongated lipoma (arrow) with luminal narrowing in the upper third of the thoracic esophagus. (b) An upper gastrointestinal endoscopy showed a large mass covered by a normal mucosa arising from the posterior wall (arrow= lipoma of the esophagus). (c) Macroscopic findings of the esophageal tumor revealed that it was yellowish in color and had an adipose tissue-like appearance.
successful, and he had an uneventful recovery period.

Declaration of conflicting interests

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The authors received no financial support for the research and/or authorship of this article.

REFERENCES