

A rare complication of endoscopic ligation (“loop-and-let-go”) for management of a giant colonic lipoma

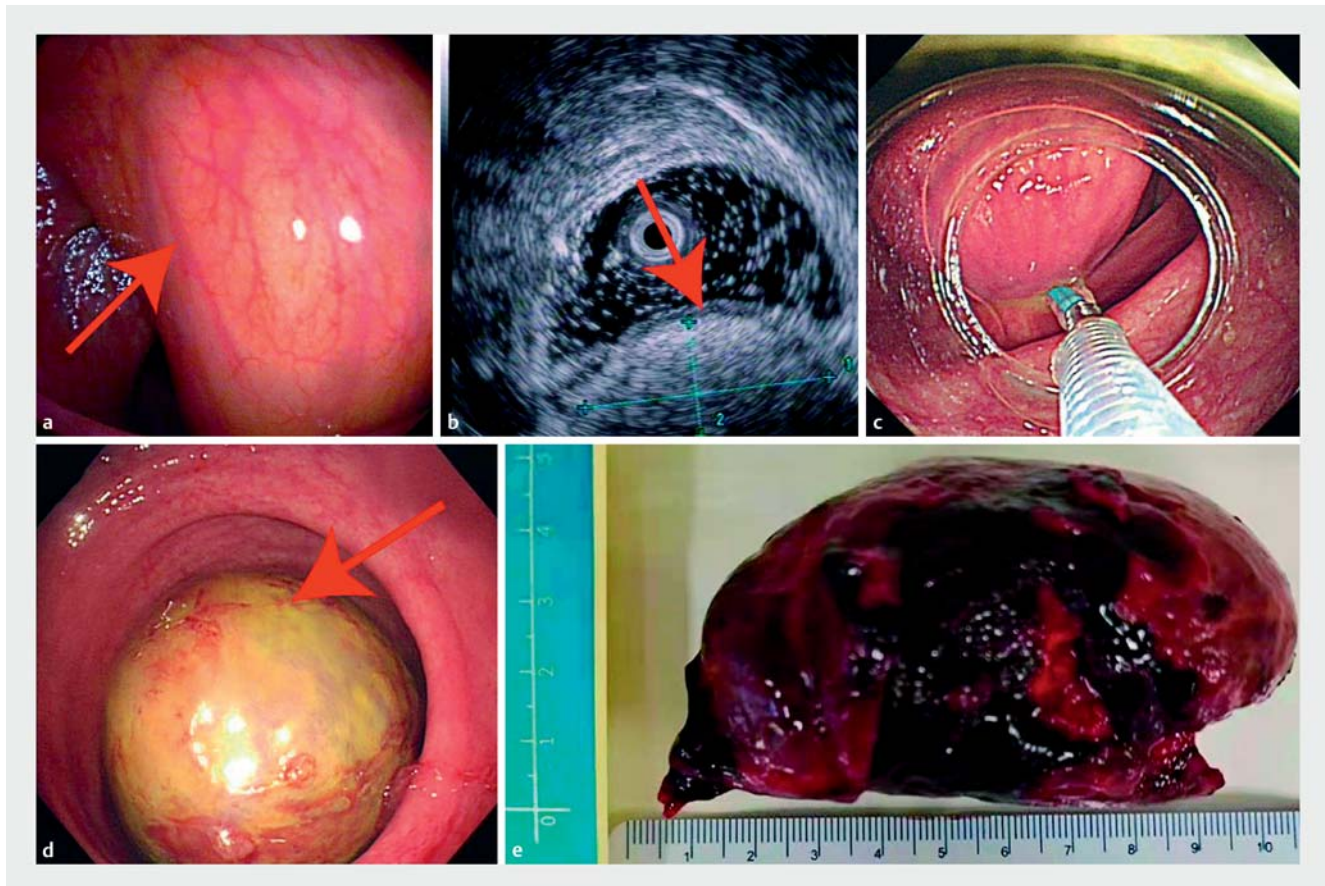
A 65-year-old man presented with a 6-month history of intermittent lower gastrointestinal bleeding and lower abdominal pain. Colonoscopy revealed a soft, yellowish submucosal tumor measuring around 10cm with a short, wide pedicle in the transverse colon (► **Fig. 1 a**). Endoscopic ultrasonography showed a hyperechoic lesion originating from the submucosal layer (► **Fig. 1 b**). As the endoscopic signs were compatible with a colonic lipoma, we performed endoscopic ligation (“loop-and-let-go”) to treat the giant lipoma (► **Fig. 1 c**). The symptoms of bleeding and abdominal pain were relieved. Unfortunately, on the 15th day after the procedure the patient

suffered from severe lower abdominal pain and vomiting. Emergency colonoscopy showed that the shedding tumor was contributing to rectal occlusion (► **Fig. 1 d**), and it was removed from the rectum using oval forceps (► **Fig. 1 e**; ► **Video 1**).

Colonic lipomas are uncommon benign gastrointestinal subepithelial tumors, with a reported prevalence of 0.3% [1]. Most colonic lipomas are usually asymptomatic and detected incidentally during colonoscopy. When colonic lipomas become larger or symptomatic, they should be removed [2]. A prospective study demonstrated that the “loop-and-let-go” technique is feasible and safe for re-

moval of giant colonic lipomas (ranging in size from 2cm to 6cm) because it avoids electrocautery and eliminates the risk of bleeding and perforation [3]. However, in the present case this technique was performed to remove a colonic lipoma as large as 10cm, and in this patient the shedding tumor contributed to rectal occlusion. We offer this reminder of this possible complication of rectal occlusion when the “loop-and-let-go” technique is employed to remove a giant colonic lipoma.

Endoscopy_UCTN_Code_CPL_1AJ_2AH



► **Fig. 1 a** A soft, yellowish giant submucosal tumor in the transverse colon; **b** a hyperechoic lesion originating from the submucosal layer; **c** endoscopic ligation (“loop-and-let-go”) to treat the giant lipoma; **d** the shedding tumor obstructing the rectum; **e** the shed tumor.



Video 1 Removing the shedding tumor from the rectum using oval forceps.

Funding

Technical Research and Development Project of Shenzhen
No. JCYC20170307100911479
Technical Research and Development Project of Shenzhen
No. JCYJ20150403101028164
Technical Research and Development Project of Shenzhen
No. JCYJ20190807145617113
Three Engineering Training Funds in Shenzhen
No. SYLY201718
Three Engineering Training Funds in Shenzhen
No. SYJY201714
Three Engineering Training Funds in Shenzhen
No. SYLY201801
Natural Science Foundation of Guangdong Province
<http://dx.doi.org/10.13039/501100003453>
2018A0303100024
National Natural Science Foundation of China
<http://dx.doi.org/10.13039/501100001809>
No. 81800489

Competing interests

The authors declare that they have no conflict of interest.

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Endoscopy 2022; 54: E340–E341
DOI 10.1055/a-1540-6031
ISSN 0013-726X
published online 19.7.2021
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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