Letter to the Editor

Endoscopic resection of giant colonic lipomas

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The interesting case of a spontaneously expelled giant colonic lipoma after failure of endoscopic resection described by *Lazaraki G et al* [Annals of Gastroenterology 2008; 21(1):55-58] bears a striking similarity to that of a patient under our care presented in 1988 in the "Gastroenterology Days" in Limasol, Cyprus.[1]

A 53-year-old man presented to the Accident and Emergency Department of our Hospital with painless rectal bleeding. Colonoscopy revealed the presence of a pedunculated 6cm in diameter polyp at the splenic flexure that had the macroscopic features of a submucosal polyp. Positive "cushion sign" and "tent sign" were present. Since the polyp was covered by normal looking mucosa and endoscopic ultrasound facilities were unavailable at the time, it was decided to proceed to endoscopic polypectomy. The stalk (1-2cm in diameter) was infiltrated with adrenaline solution and standard Olympus electrosurgical snare was used. Resection was not completed because the snare was entrapped within the stalk and no current could be applied, probably because of the volume of the burnt tissue. As we were unable to remove the snare, we decided to cut the proximal end of the shaft of the snare in order to release and remove the scope. Moreover, since the polyp was thought to be amenable to safe mechanical transection, gentle pressure was exerted to it by the means of 250gr of weight attached to the end of the shaft of the snare that had been left to protrude through the anal canal, although this is not a well established technique. The patient remained in good general condition. Surgical resection was planned on a non urgent basis, unless alarm symptoms would have emerged. The next day the patient passed the mass (with the shaft) and he reported no complication such as bleeding or pain. Histological examination of the polyp confirmed the diagnosis of submucosal lipoma.

Endoscopic resection of large colonic lipomas can be technically difficult.[2] Endoscopic ultrasound is useful in evaluating the submucosal lesion and in confirming that the muscularis propria is not contained within the pedicle.[3] Detachable nylon loops (endoloops) promote mechanical transection and reduce the risk of bleeding and perforation.[4,5] Indeed, endoscopic resection of large colonic lipomas is a safe and effective approach in well selected cases.

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