

## AN UNUSUAL CAUSE OF EPIGASTRIC PAIN

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### ABSTRACT

We know that, lipoma, a mesenchymal originated benign tumor which can occur in any part of the gastrointestinal tract. Lipoma is one of the mesenchymal tumors rarely encountered in pancreas. Pancreatic lipomas are usually asymptomatic. When lipomas exceeding 2cm, or on the tip of pancreas may cause gastrointestinal symptoms. The most reliable method to distinguish lipoma from good differentiated liposarcoma on computed tomography scan is homogeneous lipoid attenuation. In this case report we present a patient with the complaint of abdominal pain and diagnosed with computed tomography as pancreatic lipoma.

### INTRODUCTION

Besides the fact that lipoma, a mesenchymal originated benign tumor, is frequently seen in colon, it can also occur in any part of the gastrointestinal tract [1]. Pancreatic tumors originate from epithelial or mesenchymal tissue [2]. Fat originated lipoma and liposarcoma, which are mesenchymal tumors, are rarely encountered in pancreas [3].

Pancreatic lipomas, which are usually asymptomatic, may cause symptoms depending on their size and situation [4]. Lipomas exceeding 2 cm may ulcerate and cause anemia [5]. In this case report we present a patient admitted to gastroenterology clinic with the complaint of abdominal pain and diagnosed with computed tomography (CT) as pancreatic lipoma.

### CASE REPORT

A 54-year-old woman was referred to our outpatient clinic with complaint of epigastric pain, radiating to the left and right upper quadrants of the abdomen during the last one year period.

She had a past medical history of diabetes mellitus for three years. She did not have any significant property at her family history, and physical examination was unremarkable. Laboratory results were normal except serum glucose levels of 266 mg/dL. Abdominal ultrasonography was unremarkable due to overlying bowel gas. The patient was evaluated with contrast enhanced abdominal CT. A 35x30 mm, well circumscribed, homogenous, hypodense mass with internal septations at the head of pancreas was detected on CT scan. The density of the lesion was -100 Hounsfield unit indicating the fatty components without contrast enhancement (Figure 1, 2). The diagnosis of pancreatic lipoma was made on the basis of CT findings. The patient did not undergo operation, and was treated conservatively.

### DISCUSSION

Pancreatic tumors, which are rare have mature adipose tissue and thin collagen capsule that surrounds them [6, 7]. Lipomas on the tip of pancreas are thought to have arisen from the compression of ventral and dorsal branches during the embryologic term [8]. Pancreatic lipoma is an uncommon benign mesenchymal tumor of the pancreas. Pathologically, it is formed with lobules of mature adipose cells, and has a thin collagen capsule.

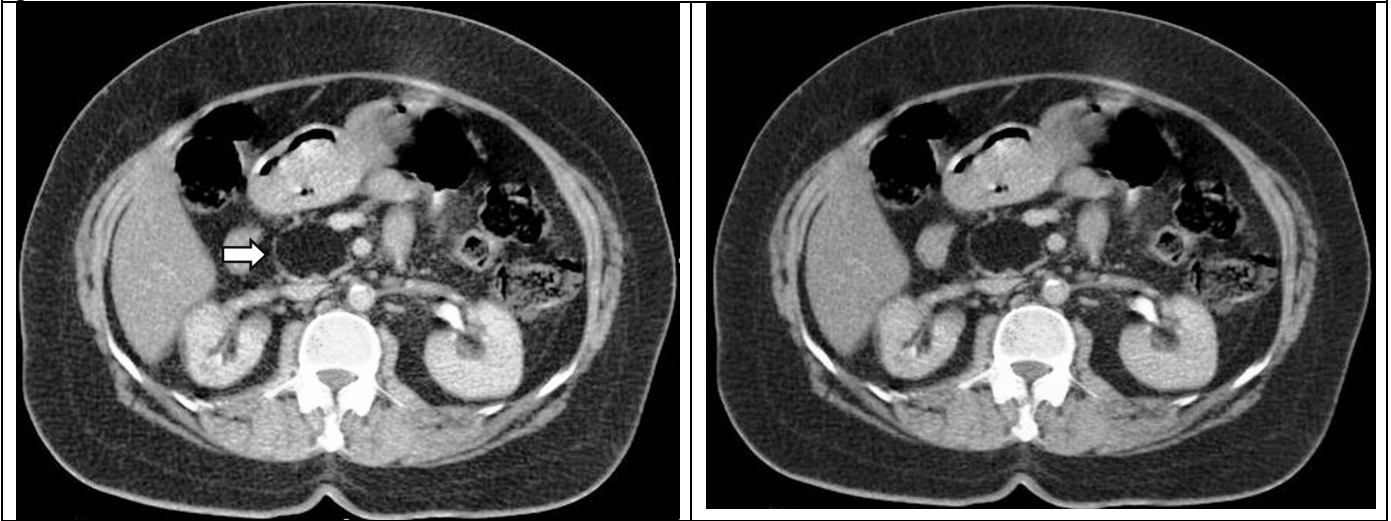
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**Figure 1, 2. Contrast-enhanced abdominal CT shows a 35x30 mm, well circumscribed, homogenous, hypodense mass with internal septations and fatty tissue density ( -100 Hounsfield unit ) extending from uncinete process to head of pancreas.**



### CONCLUSION

Recently, CT is accepted as a dependable technique for diagnosing pancreatic lipoma. Homogeneity, hypodensity (from -30 to -120 HU) and no significant contrast enhancement are characteristic CT findings. Interlobular septa and absolute lack of infiltration of surrounding tissue might also be seen on CT scans [9,10].

The most reliable method to distinguish lipoma from good differentiated liposarcoma on CT scan is homogeneous lipid attenuation [11]. It is accepted that there is no need for specific medical management of pancreatic lipomas.

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