

## Clinical Image

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# Duodenal polyp: A clinical image

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### Description

A 47-year-old female patient, without any significant medical history, presented with chronic abdominal pain localized in the epigastric region, ranging from mild to moderate intensity, without vomiting or fever, all occurring in the context of preserved general condition. Abdominal CT scan revealed a parietal lesion in the duodenal bulb with fatty density (-77 HU), measuring 14 x 21 mm, consistent with a lipoma (Figure 1). Considering the paucity of symptoms and the non-obstructive nature of the duodenal lesion, a conservative management approach was chosen. Duodenal bulb lipomas are a rare benign tumor [1] that originate from fat cells (adipocytes) in the wall of the duodenum. They are often asymptomatic. However, when symptoms occur, they may include abdominal pain, nausea, vomiting, gastrointestinal bleeding (rare), or intestinal obstruction if the lipoma becomes large enough. Diagnosis is typically made through medical imaging such as abdominal CT scan or MRI. Endoscopy may also be performed. If the lipoma is small and asymptomatic, it may not require specific treatment apart

from regular monitoring. If symptoms develop or if the lipoma is large, surgical intervention may be necessary for removal. However, due to their benign nature, duodenal lipomas are often managed conservatively [2]. Prognosis is generally favorable [3] as duodenal lipomas are unlikely to become malignant. Surgical treatment, when necessary, is often curative.

### References

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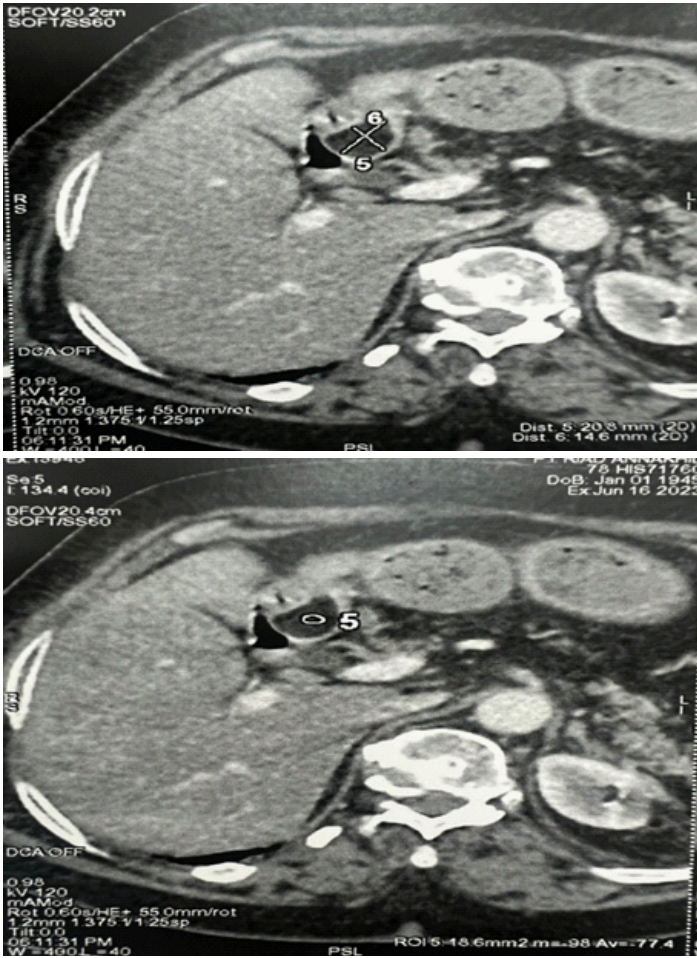


Figure 1: Abdominal CT scan.