A 52-year-old woman came to the Emergency Department for symptoms of early postprandial vomiting that had been progressing over several weeks, without weight loss. Abdominal computed tomography scan showed an intraluminal image in the second part of the duodenum, which was well defined and had radiological density of adipose tissue and presence of calcifications (Fig. 1, white arrow). Gastroscopy revealed a semi-pedunculated polypoid lesion measuring 30 mm on the posterior side of the junction of the gastric body and antrum, with transpyloric prolapse, that was not endoscopically removable (Fig. 2). Laparoscopy was conducted, and the lesion was resected by gastrotomy. The pathological study identified the lesion as a submucosal gastric angiolipoma.

Diagnosis: gastric angiolipoma.

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