A 62-year-old woman with dysphagia and regurgitation of food debris had an intramural, lipoma-like mass of esophagus (Fig. 1). A 420-g $12.5 \times 4 \times 8$-cm$^3$ mass was removed with right-side-thoracotomy, with esophagus muscular wall opening and closed using muscular buttress suture. Postoperative histological diagnosis was spindle-cell lipoma or a low-grade liposarcoma (Fig. 2).

Fig. 1. Barium swallow contrast study shows the luminal distension in upper esophagus (A), computed tomography (B) and magnetic resonance imaging (C) visualize a large mass of the lower esophagus with lipoma-like density.

Fig. 2. Upper gastrointestinal endoscopy shows normal mucosa and a space-occupying mass in the wall of the esophagus, narrowing of the lumen (A), operative view: esophagus swelling after opening of the muscular wall (B), the lipoma-like specimen $12 \times 8$ cm$^2$ (C), histology: presence of lipoblasts (D).