

Case Report

An unusual case of giant multilobulated lipoma over left truncal region

Sandesh Bharat Singh*, Harsha Vardhan, Neelam Chauhan, Arun Kumar Singh

Department of Plastic Surgery, King George Medical College, Lucknow, Uttar Pradesh, India

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*Correspondence:

Dr. Sandesh Bharat Singh,
E-mail: dr.sndsh@gmail.com

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ABSTRACT

Lipomas can virtually occur anywhere in the human body. They can be of varying sizes. Small lipomas are more frequently found, whereas giant lipomas are comparatively rare. These slow-growing, nearly always benign, tumors usually present as non painful, round, mobile masses with a characteristic soft, doughy feel. They are one of the most common benign tumours found in the body. Difference through histopathology and immunochemistry has to be done to rule out other conditions such as liposarcoma. In this report we present a case of a female with a large swelling with multilobulations over the anterolateral aspect of the left thigh and gluteal region. Incision biopsy revealed a lipoma for which primary excision was done safeguarding vital structures. The lipoma was unusual in its size, its appearance and site of occurrence. Histopathology and immunochemistry revealed it to be a lipoma.

Keywords: Lipoma, Giant lipoma, Thigh lipoma, Gluteal lipoma, Multilobulated lipoma

INTRODUCTION

Lipomas are the most common benign tumors. They are also called as universal tumors as they can be located in any region of the body. Most lipomas are small. For a lipoma to be called as "giant", it should be 10 cm or more in greatest dimension or weigh a minimum of 1 kg.¹ Giant multilobulated lipomas are comparatively rare.

We report a rare case of giant multilobulated lipoma of size 40×15 cm over the anterolateral aspect of the left thigh and upper gluteal region, weighing around 2.5 kg for which primary excision was done.

CASE REPORT

25 year old female came with chief complaints of swelling over left gluteal region and thigh for 1 year along with slight pain and restricted movements. The swelling had an insidious onset; it was gradually increasing in size, not associated with any fever,

discharge. It was initially single and small in size which first appeared over the gluteal region but gradually and progressively increased to present size and shape over one year.

On examination, there is a 40×15 cm large multilobulated mass present over anterolateral aspect of upper part of left thigh and extending over upper part of left gluteal region. Multiple overlying skin polyps were present. The swelling was ill defined, doughy in consistency, non tender, non pulsatile, fixed to skin, free from underlying structures

Fine needle aspiration cytology revealed unremarkable histology of epidermis and underlying dermis. After which multi-quadrant incision biopsy was done, which revealed features of lipoma.

After preoperative work up, patient was taken to operation theatre, where excision of lesion with primary closure was achieved under spinal anesthesia. The lipoma

was intra dermal as well as subcutaneous. A 1 cm 3-dimensional margin was taken for excision of lesion.



Figure 1: Pre operative photo.



Figure 2: Intra operative photo.

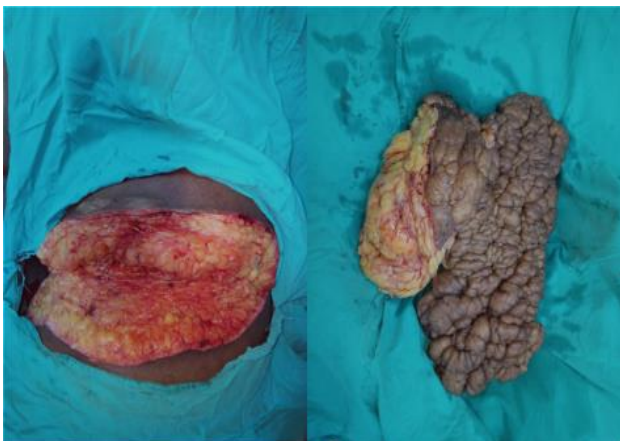


Figure 3: Intra operative photo after excision.



Figure 4: Post operative after 10 days.



Figure 5: Post operative after 30 days.

The specimen was sent for histopathological examination, which turned out to be lipoma without any sarcomatous changes. Immunohistochemistry marker ki 67 is negative.

The patient is under regular follow up. She has no pain and her mobility has been restored. There is no recurrence.

DISCUSSION

Lipomas are the most common benign adipocyte tumors. They are well differentiated neoplasms, consisting of adult adipocytes surrounded by a fibrous capsule. Lipomas mostly have a subcutaneous localization, but they have also been reported in various internal organs.^{2,3}

Lipomas are believed to arise from mesenchymal primordial fat cells. They tend to increase in size with increasing body weight. They are not available for metabolism even in starvation.^{4,5}

There is little known about the pathogenesis of lipoma. Increased incidence of lipoma formation is associated with obesity, diabetes, increase of serum cholesterol, radiation, familial tendency and chromosomal abnormalities.⁶

Trauma is thought to be an important factor in the pathogenesis of lipoma.⁷ It is said that rupture of the fibrous septa after trauma along with tears of the anchorage may result in proliferation of adipose tissue.^{8,9}

Lipomas are usually mobile, soft to touch, typically painless and present subcutaneously. These masses are typically less than 2 inches wide but may be even larger. They are usually single. Some patients may have multiple lipomas also called Dercum's disease. They usually occur in the upper part of trunk, head, neck, shoulders, and back.

Histopathology remains as the gold standard in the diagnosis of a lipoma. The histopathological features of lipoma constitute of a circumscribed aggregate of mature adipocytes which may or may not be encapsulated. Adipocytes show large clear cytoplasm in the absence of vascularity, serving as diagnostic feature of classic lipoma.¹⁰

Differential diagnosis of such a lesion being a lipoblastoma, lymphangioma, lymphangiolipoma or epidermoid cyst should be considered.¹¹⁻¹³

The lipoma can be surgically excised or can be removed by liposuction.^{9,14,15} Liposuction has the advantage of leaving small scars. The complications of this technique are hematomas, nerve damage and blood vessels' rupture.

Surgical excision allows not only removal of the whole capsule, but also permits a histopathological examination in order to better characterize the lesion. It is the most preferred technique for the removal of lipomas.

Our patient had slight on and off pain along with discomfort causing restriction of movement of the trunk, caused by the magnitude of the lesion. The lesion had an unusual appearance as compared to what is described in literature. Considering the size of the lesion and the necessity to run a histopathological examination in order to rule out a liposarcoma, surgical excision technique was preferred.

CONCLUSION

Here, we have reported a case of giant multilobulated lipoma on the anterolateral aspect of the left thigh and upper gluteal region (measuring 40×15 cm and weighing 2500 g). The histopathological examination of the specimen revealed a lipoma.

Thus, careful history examination and investigations like biopsy have to be done to diagnose lipoma. Also histopathological examination and immunohistochemistry has to be done to rule out other conditions like liposarcoma.

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