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Case Report

A case report of axillary lipoblastoma

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ABSTRACT

We present a 14-month-old male with a large left axillary lipoblastoma and its management. Treatment of choice was complete excision. Incomplete excision leads to recurrence. Follow-up of at least five years was suggested.

Keywords: Benign, Lipoblastoma, Lipoma

INTRODUCTION

Lipoblastoma is a rare, benign, encapsulated tumor arising from embryonic white fat with an excellent prognosis despite its potential to local invasion and rapid growth. However, in the literature, a spontaneous resolution has never been reported.[1]

CASE REPORT

A 14-month-old male child presented to our tertiary care centre with complaints of swelling in left axillary region noticed by parents since the age of 2 months, which gradually increase in size till date. It posed difficulty in movement of left upper limb due to the size. It was solitary swelling not associated with pain or discharge.

Examination revealed 15x15x10cm lesion over the left axilla, with soft to firm consistency, variegated surface and superficial dilated veins. Radial & Brachial pulses were normal and there was no lymphedema, ulceration or bleeding from the lesion.

Ultrasound showed large lesion in subcutaneous plane extending anteriorly and posteriorly with mixed echogenicity, causing mass effect displacing axillary vessels posteriorly, probably lipoma.

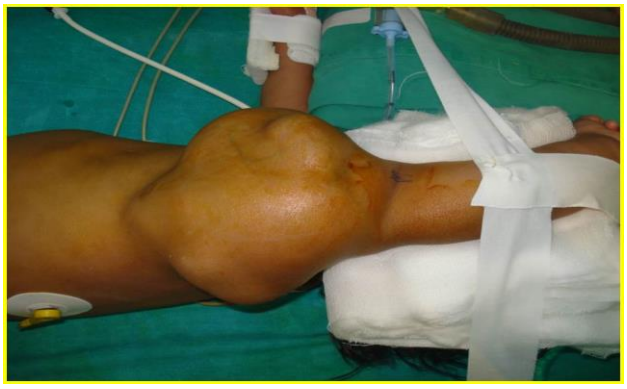

Figure 1: Clinical photograph

MRI showed 12x11x6.6cm well defined lobulated predominantly fat density suggestive of lipoma.

Excision was done under general anaesthesia via a transverse incision over the lesion. Capsulated lipomatous lesion was dissected all around in the subcutaneous plane. The lesion was excised in toto

taking care not to injure any nerve or vessels in the axillary fossa.

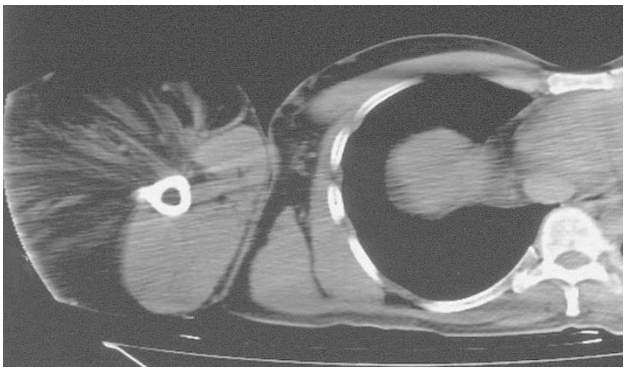

Figure 2: MRI.

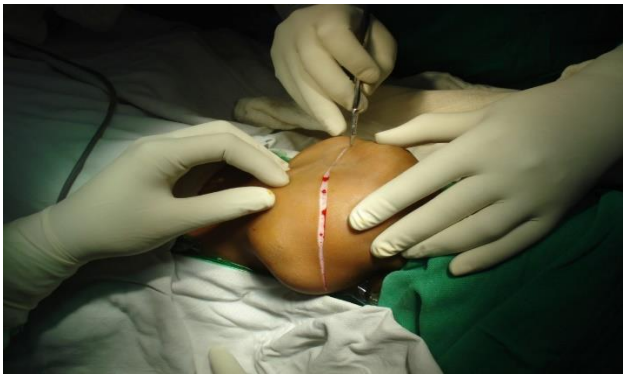

Figure 3: Incision.

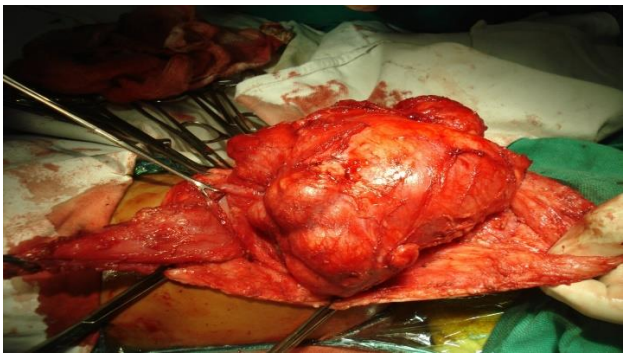

Figure 4: Intraoperative appearance of the lesion.

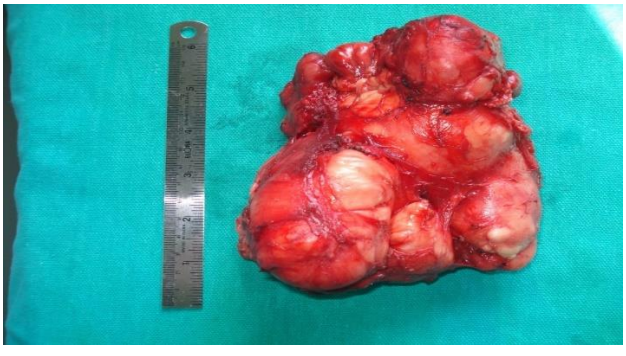

Figure 5: Specimen.

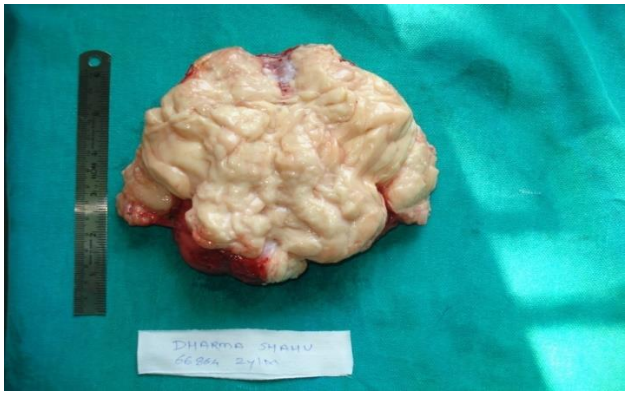

Figure 6: Cut section of the lesion.

Histopathology revealed mature adipocytes arranged in discrete lobules with myxoid stroma, lipoblasts, fibrous septa with delicate capillary network, with all margins free of tumour. Final impression was lipoblastoma.

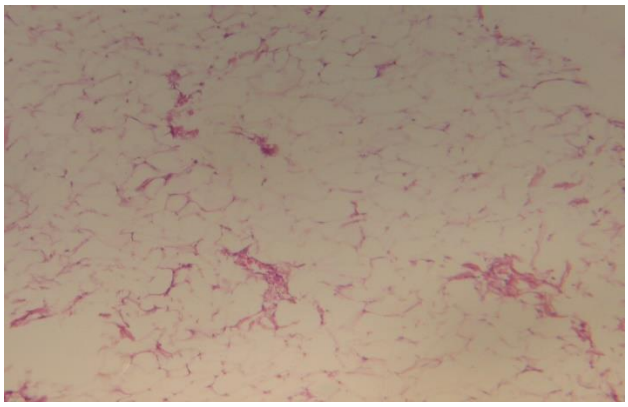

Figure 7: Histopathological appearance.

Postoperatively aggressive physiotherapy was started from 2nd day. The range of movement was adequate and pain free by 5th day.

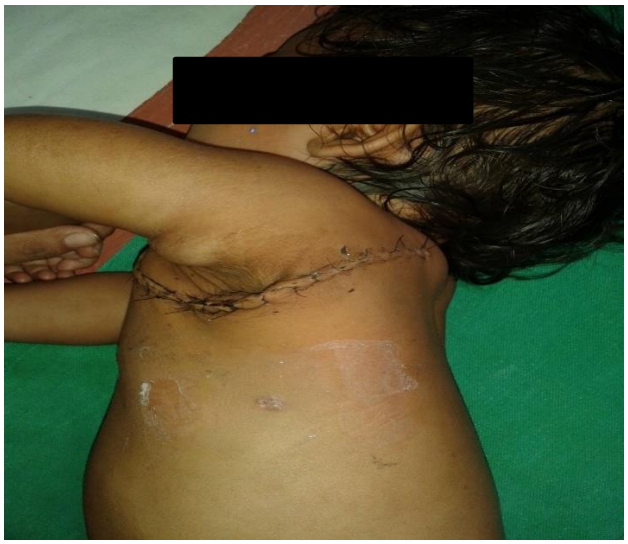

Figure 8: Postoperative appearance.

DISCUSSION

Lipoblastoma primarily occurs in infancy and early childhood. The wide majority are detected in children under the age of 3 years with 80/90% of cases occurring before the age of 3 and 40% before the age of 1.[5] Common sites for involvement are extremities and trunk.[2]

Types

- Superficial (embryonal or fetal lipoma)- Solitary subcutaneous circumscribed slow growing lesion.
- Diffuse (lipoblastomatosis)- Multicentric, deep-seated and ill-defined, diffuse lesion which arises in skeletal muscle, retroperitoneum, or mesentery.

Lipoblastomatosis may occur in association with hemangiomas, other soft tissue lesions, intestinal neuronal dysplasia and/or macrodactyly. It often exhibits chromosomal abnormality of deletion of 8q 11-13.[4]

Histological types[2]

- Classic type -a minimal myxoid component consisting of intercellular mucin, spindle cells, and stellate primitive mesenchymal cells together with adipocytic component;
- Myxoid lipoblastomas -abundant interstitial mucin, which comprised more than 50% of the specimen.
- Lipoma-like lipoblastomas -lacked a myxoid component and composed of mature adipocytes with scattered monovacuolated and multivacuolated lipoblasts;
- Hibernoma-like lipoblastomas lacked a myxoid component and are composed predominantly of multivacuolated lipoblasts, some of which had central nuclei and granular eosinophilic cytoplasms.

Treatment of choice is complete excision. Incomplete excision leads to recurrence. Follow -up of at least five years is suggested as recurrence has been reported in few case reports.[2,3]

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Ethical approval: Not required

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