

LIPOMA IN OROFACIAL REGION: A CASE REPORT

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ABSTRACT:- Lipoma is a benign slow growing neoplasm composed of mature fat cells. Although lipoma is the most commonly found mesenchymal tumor of the trunk and proximal portions of extremities, its location in orofacial region is rare which presents clinically a sessile or pedunculated, slow growing, freely mobile, nontender mass. The present case report describes case of lipoma in orofacial region in 50 year old male reported to the department.

Keywords: Excision, Fibroadipose tissue, Lipoma, Ultrasonography,

I. INTRODUCTION

Lipoma, is a slow growing, benign, encapsulated tumor of fatty tissue. It is a rare entity in oral cavity, which was first reported by Grosch in 1887. Lipomas are the soft tissue mesenchymal neoplasms, involving the head and neck region in 15-20% and the oral cavity in 1-4% of the cases.[1] Lipomas may be superficial or deep, former being more common. According to Furlong et al lipoma of the oral and maxillofacial region, which is rare in children occur most commonly in adult male specially in the parotid region, followed by buccal mucosa[2]

II. CASE REPORT

A 50- year-old male patient reported to the Department of Oral Medicine and Radiology, VSPM DCRC, Hingna, Nagpur, India with the chief complaint of extra-oral swelling on lower right side of face since 10 months. The swelling was initially small, approximately pea nut sized which has slowly increased and attained the present size of 3×3.5 cm. Swelling was not associated with pain or discharge. His medical history was noncontributory. On extra-oral examination, a single well-defined, oval swelling was seen on right cheek area opposite to 45 46 with no extension intraorally, causing facial asymmetry (figure 1). While, on intraoral examination blanching of the buccal mucosa, labial mucosa, hard palate is seen with presence of fibrous bands. On bimanual palpation, the swelling was soft, non-tender with positive slip sign. Clinically the provisional diagnosis of lipoma was given.



Figure 1: Front and lateral profile of patient showing extra-oral swelling in right cheek area

The ultrasonograph revealed an irregular ill defined lesion of size 2.0×0.8 cm, relatively iso-echoic to muscle plane with no signs of vascularity or any bony irregularity (figure 2). Further in order to confirm the diagnosis, Fine Needle Aspiration Cytology (FNAC) was done which revealed few clusters of fibroadipose tissue with red blood cells in the background (figure 3). Thus, along with the clinical features like positive slip sign, ultrasonographic interpretation and FNAC report, the final diagnosis of lipoma was made. The complete excision of the lesion under local anaesthesia was advised.

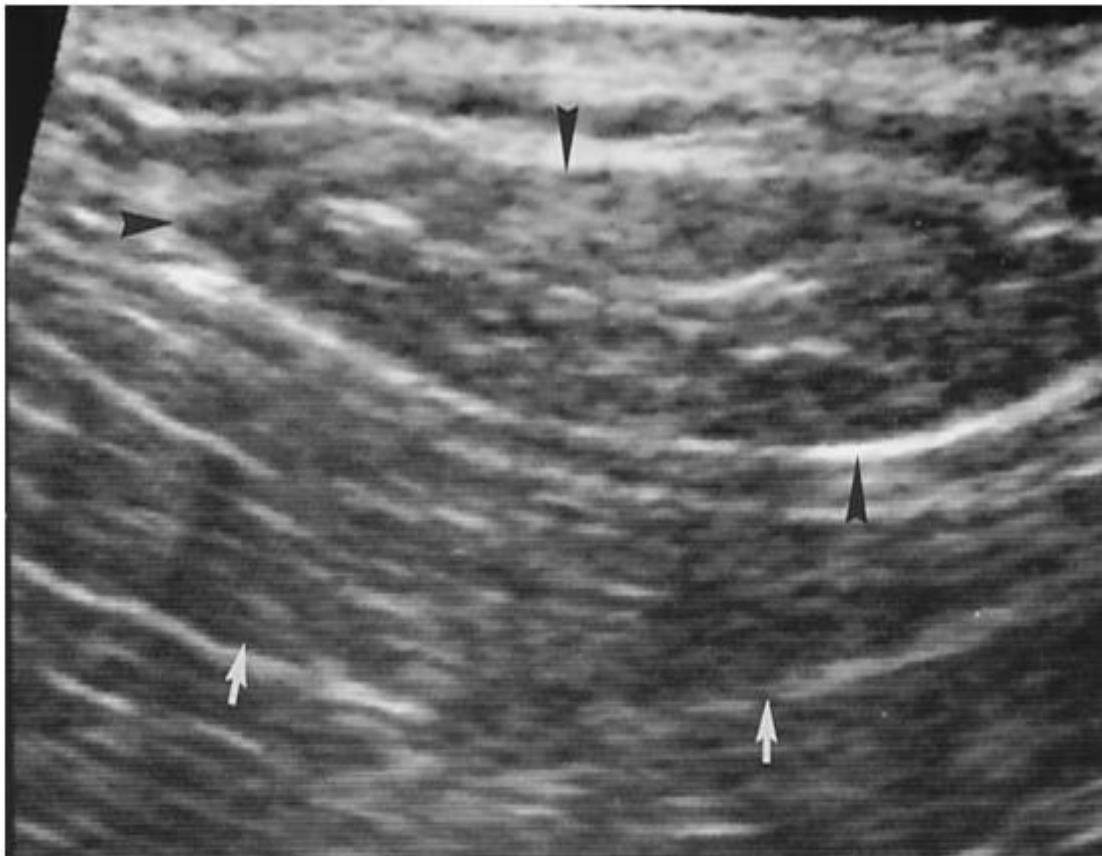


Figure 2:- Longitudinal sonogram showing a lipoma (black arrowheads) that is of similar echogenicity (iso-echoic) as that of adjacent muscle (white arrows).

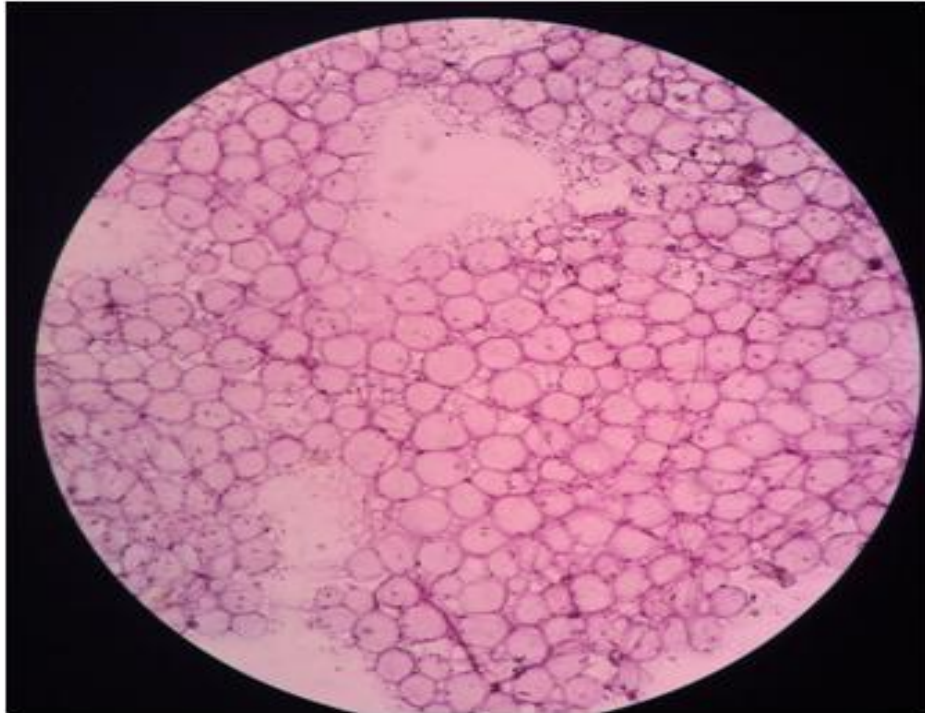


Figure 3: Cytological smear showing clusters of fibroadipose tissues with red blood cells

During surgical procedure, under local anaesthesia submandibular incision was made, fatty tissue swelling was separated from surrounding tissue and the lesion was excised (figure 4). The specimen was sent for histopathological examination and diagnosis of lipoma was confirmed. Postoperative recovery was uneventful.

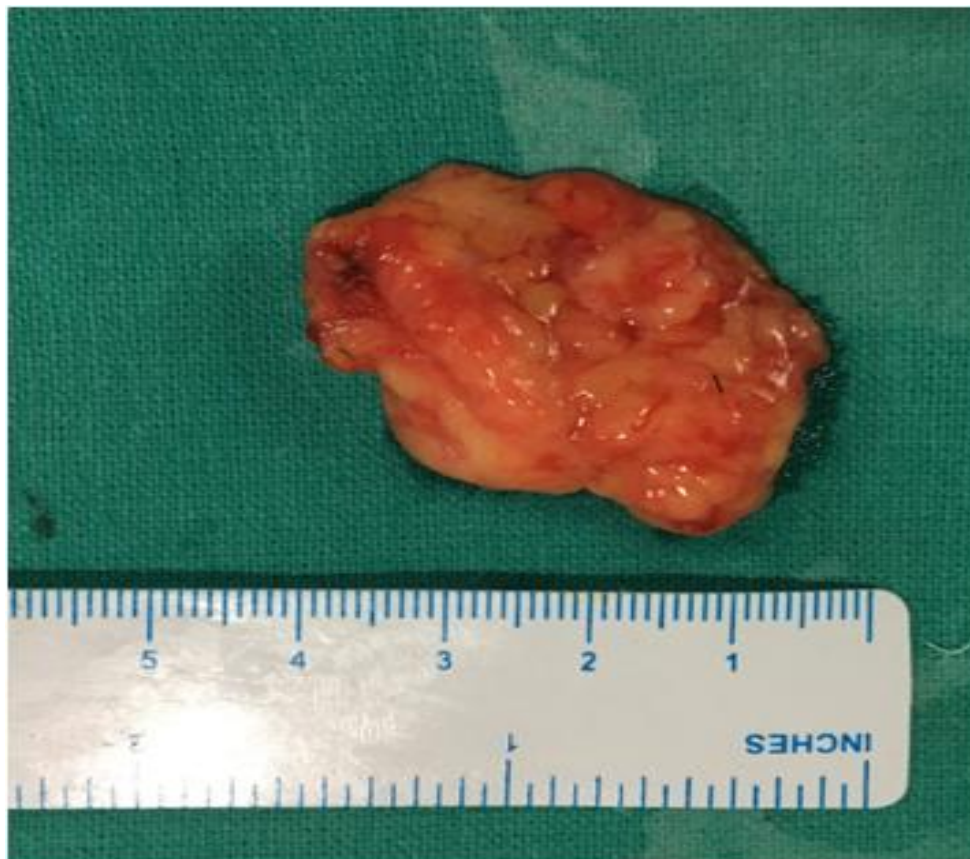


Figure 4: Surgically excised irregular, yellowish soft tissue

III. DISCUSSION

Lipoma is a benign slow growing neoplasm composed of mature fat cells. Lipoma presents clinically as a sessile or pedunculated mass which is slow growing, freely mobile, and may or may not have a yellow hue, depending on depth of localization and degree of fibrosis [3]. It can be either superficial (within subcutaneous tissue), deep (within deep soft tissue) or periosteal lipoma (within surfaces of bone)[4]

Robert et al further classified superficial palpable fatty mass into encapsulated and non-encapsulated. While, deeper lipoma are usually larger, generally more circumscribed causing deformation in the surrounding tissue as compared to the superficial lipoma[5.]

De Visscher et al studied the clinical and histological characteristics of lipomas of the oral cavity. The male-female ratio for lipomas was 1.5:1. In most cases the only symptom was a painless, palpable tumour. The cheek was the most favoured site, followed by the tongue, floor of mouth and buccal vestibule equally, lip, palate, gingiva and retromolar area [6] In our case also, we got similar findings of appearance of lesion being painless palpable mass in cheek area.

Even if lipoma is the most commonly found mesenchymal tumor of the trunk and proximal portions of extremities. its location on the oral mucosa is rare, i.e. 1% to 5% of benign oral tumors. Lipoma of the oral cavity may occur in any region as an asymptomatic yellowish mass with intact overlying epithelium and superficial blood vessels[7].

In order to facilitate diagnosis of lipoma, imaging modalities like ultrasound or magnetic resonance imaging are useful. Ahuja et al found the characteristic sonographic appearance of head and neck lipoma as elliptical mass parallel to the skin surface that is hyperechoic relative to adjacent muscle and that contains linear echogenic lines at right angles to the ultrasound beam [8].

Lipomas appear as soft variably echogenic masses, commonly encountered on ultrasound. According to a study by Inampudi et al, there is a wide range of appearance of biopsy-proven lipomas, with increased tendency of isoechoic (28-60%) followed by hyperechoic (20-52%), and hypoechoic (20%) appearance [9]. While, study by Fornage et al described sonographic appearance of superficial soft tissue lipoma as usually hyperechoic; however, the echogenicity varies and they can be isoechoic when in the subcutaneous tissues [7].

The above features are similar to our case.

Histologically, benign fatty tumor, the lipoma, is composed of adult fat cells that are subdivided into lobules by septae of fibrous connective tissue. It appears frequently in the subcutis of adults and is histologically indistinguishable from normal adipose tissue[10]

In case of small lipomas, surgical excision is the treatment of choice. Al-basti and El- Khatib reorted treatment of moderate (>4-10 cm) and large (>10 cm) lipomas with liposuction- assisted surgical extraction of capsule via same wound(1cm in length)[11]. In our case, as it is a small superficial soft tissue lipoma with no deeper extension in surrounding muscle tissue, complete surgical excision was performed.

IV. CONCLUSION

Lipomas of buccal mucosa are uncommon tumors. Clinically, it is usually slow and asymptomatic. Sometimes clinical examination alone is not sufficient to identify the nature and exact location of the mass. In such conditions, imaging and histopathological examination can be useful. The prognosis of superficial lipoma is good with complete surgical excision, mandatory to avoid postoperative recurrence which is with low risk.

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