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CASE REPORT

Rare Case of Giant Lipoma of the Neck

Zornitsa Mihaylova[1], Evgeniy Aleksiev[1], Pavel Stanimirov[1]

[1]Department of Dental, Oral and Maxillofacial Surgery, Faculty of Dental medicine, Medical University-Sofia, Maxillofacial Surgery Clinic, Alexandrovska Hospital, Bulgaria

ABSTRACT:
Background: Giant lipoma is a benign mesenchymal tumor of adipose tissue. It is found relatively rarely in the maxillofacial and neck region. **Methods:** We report a clinical case of 45-year-old patient with lipoma in the posterior neck region causing pain, functional disturbances and discomfort especially in recumbent position. Surgical removal, followed of histopathological evaluation is the treatment of choice. **Conclusion:** When totally removed, recurrence and complications are uncommon.
Key words: Benign soft tissue tumors, giant lipoma, lipoma of the neck, mesenchymal tumors.

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Corresponding author: Dr. Zornitsa Mihaylova, DDS, PhD; Faculty of Dental Medicine, 1 G. Sofiyski str., Sofia, Bulgaria

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INTRODUCTION

Lipomas are encapsulated benign tumors of mesenchymal origin, arising from adipose tissue. They are well defined and are found all over the body where fat is presented. Usually, lipoma is slow-growing, solitary ordinary mass that does not cause significant alterations, nor function loss. Nearly 13% of the formations are found in the maxillofacial area [1]. In rare cases lipoma has been known to infiltrate neighboring tissues and structures, most notably skeletal muscles, as it is referred to as an infiltrating lipoma [1]. Lipomas are generally small lesions, although giant variants have also been documented, as lesions with size of at least 10 cm in one dimension or weighing a minimum of 1 kg [2].

CLINICAL CASE REPORT

We present a clinical case report of a 45-year-old male patient referred to our clinic with a giant lump on the back side of his neck. The medical history revealed that the swelling have been first noticed nearly 11 years ago, as it has been a small asymptomatic mass at a size of 3 cm in diameter. Since then, several medical consultations have been performed, together with CT scan, considering the diagnosis of lipoma. Due to the lack of pain and functional disturbances, surgical removal of the formation has not been conducted. However, the patient reports relatively rapid growth within the past 2 years, followed by impaired cervical motions and tension in the muscles of the neck and shoulders, as well as transient numbness of the skin over the lesion. Upon clinical examination of the neck and the maxillofacial area, a soft tissue mass in back cervical region we observed. It was approximately 11cm X 12cm in dimension, with round shape (Fig.1A,B). No signs of discoloration or ulceration in the overlying skin were identified; no symptoms of pain or fluctuation were found on palpation. A contrast enhanced CT scan was obtained in order to rule out any signs of malignization or local infiltration into the surrounding structures. The results of the imaging examination are presented in Fig.2.

The patient was recommended fur surgical excision of the lesion. Vertical incision was made on the overlying skin; after thorough sift tissue dissection, a well-encapsulated, yellow soft tissue mass was found (Fig.3). The subcutaneous lipoma was totally excised, as no infiltration into the neighboring anatomical structures was observed. The histopathological examination confirmed the finding of lipoma. There was no complications and recurrence in the follow-up of the patient.

Figure 1A, B: Clinical presentation of giant lipoma of the neck

Figure 2: CT scan of giant neck lipoma

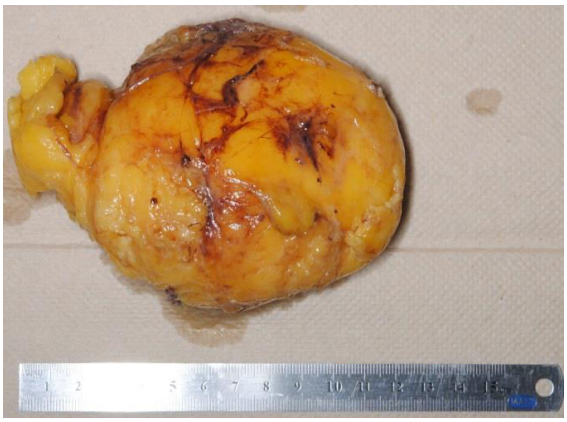

Figure 3: Lipoma after complete surgical excision

DISCUSSION

Lipomas are slow-growing benign tumors of adipose tissue. The overlying skin is seldom infiltrated. However, a clinical case of a giant neck lipoma with decubital skin ulceration has been reported [3]. In rare occasions they might grow to a giant variant [4]. These benign tumors are rarely identified in the first two decades of life; as they are commonly develop in the fifth and sixth by the time the fat begins to accumulate in physically inactive individuals. Therefore, obese people are usually affected and increase in size is reported during a period of rapid weight gain [1]. Lipoma usually does not represent a significant diagnostic concern. However, if giant lesion with rapid growth is seen, exclusion of liposarcoma should be considered [5]. In these cases, further examination methods like fine needle aspiration, CT scan, MRI, etc., should be conducted preoperatively. Histopathological examination is mandatory in favor of ruling out the presence of dedifferentiated cells indicating malignant transformation. In the current case, the contrast enhanced CT scan favored the established of diagnosis. Identification of the exact size and location of the lipoma made the treatment outcomes more predictable. The diagnosis was confirmed postoperatively by histopathological verification.

The etiology of lipoma is still debated. Blunt trauma has been reported as a chief causative factor due to the rupture of the fibrous tissue septa rupture that gives a way of the adipose tissue cells to rapidly proliferate, followed by fat herniation [6]. In our case no history of trauma was reported.

Patients with relatively small lipoma do not usually seek medical attention due to the lack of pain and functional disturbances. As in the currently presented case, when rapid growth, cosmetic concerns, severe discomfort and limitation of neck motion, especially in the recumbent position are seen, surgical removal is inevitable. Lipomas are removed via surgical approach. The tumor is usually well-encapsulated, as blunt dissection and preservation of the surrounding structures is performed rather easily.

CONCLUSION

Giant lipoma in the head and neck region are rare clinical fining. The lesion is slow-growing, benign and seldom causes pain; therefore the patients seek medical help at late

stages. Surgical removal and histopathological evaluation are the treatment of choice. CT scan or MRI should be required prior surgery.

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