

Giant Lipoma of the Head: A Case Report

Dona Chakraborty¹, Dr. Sayandeep Pradhan¹

¹Chittaranjan National Cancer Institute, Kolkata, India

Corresponding Author: Dr. Sayandeep Pradhan

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ABSTRACT

Lipomas are benign soft tissue tumors whose etiologies are unknown. Only about 13% grow in the head and neck, while the majority is found in the subcutaneous tissues. We present a case report of a 65-year-old male presented with a huge parieto-temporal region of the scalp and literature review of the same. Wide local excision followed by skin grafting and biopsy was done. The histopathology report revealed lipoma with secondary changes. Postoperatively the patient recovered well and showed no signs of recurrence after one year. Such huge lipomas of the head are quite rare and require thorough investigation to rule out metastasis.

Keywords: lipoma, head tumors, head and neck surgery

INTRODUCTION

Lipoma is a benign tumor arising from mature fat cells and is one of the most common mesenchymal tissues (1). Lipoma can occur at any age group and can occur anywhere in the body (Subcutaneous, Subfascial, Subserous, Submucous, Extradural, Intraglandular, and Intramuscular). They are generally subcutaneously located, but can rarely be in deeper structures. Lipomas are soft, and painless and show pseudo fluctuations. Lipoma undergoes some secondary changes of long duration such as infection, hemorrhage, myxomatous degeneration, calcification, and saponification (1). Rarely do these tumors show malignant changes and transform to liposarcoma. Notably, lipomas in the interscapular region, retroperitoneal region and those originating from the posterior surface of thigh tend towards malignancy (2).

Here we present a case report of a 65-year-old patient with a huge lipoma in the head along with review of literature.

CLINICAL PROFILE

65 years old patient, residing in Kasba region of Kolkata, came to the OPD with a huge swelling over the left parieto-temporal region of the scalp for the past 35 years. The swelling was initially 2x2 cm gradually increasing to a present size of about 25x20cm. The overlying skin was shiny with prominent veins. The swelling covered part of his left eye causing visual obstruction to his left eye. On palpation, the swelling was painless, not fixed to the skin or underlying structures. The surface of the swelling was smooth, lobulated, and with soft consistency There was no history of discharge, weight loss, dizziness or any features suggestive of metastasis.

Investigation:

The patient was given the option of wide local excision with skin grafting and biopsy of the specimen. The patient was optimised and routine pre-operative investigations were done along with imaging studies of the head to rule out bony involvement. No bony involvement was found.

Treatment:

Wide local excision of the swelling followed by split-thickness skin grafting was done. The donor site was selected as the right thigh and an adequate skin graft was taken to cover up the excised wound.

Hemostasis was secured, and an aseptic dressing was done on both sites(donor and recipient).

The specimen was around 30x25 cm and was sent to histopathology for evaluation.

Fig. 1-4: Lipoma excision followed by split thickness skin grafting



1. Before surgery



2. Intraoperatively post excision of the lipoma

3. Intraoperatively after skin grafting



4.The excised specimen sent for histopathology



Post-operatively, the patient tolerated well to liquid feeds from the night of surgery and was given soft diet the next day. Adequate analgesics, IV fluids, and broad-spectrum antibiotics were given. Ambulation was done from postoperative day 1. The patient had normal gait and posture postoperatively. Both the donor and recipient sites were healthy and the patient was discharged on post-operative day 5.

Histopathology report revealed lesions composed of lobules of mature adipocytes with areas of sclerosis, foci of dysmorphic calcifications, and the presence of some dilated and congested blood vessels. The skin was unremarkable. Cells were negative of CDK4. Thus, the HPE is suggestive of lipoma with secondary changes.

The patient was called for follow-up in OPD after one week, and both donor and recipient sites were found to be healthy. Skin staplers were removed after two weeks and the patient resumed normal duties after one month. The patient was followed up for a year and showed no recurrence.

DISCUSSION

We presented a case of an abnormally huge subcutaneous lipoma in the left parieto-temporal region and there is very little documentation of such a huge lipoma in the literature. Studies show that there is a predominance of lipomas among men (62.5 percent), with the posterior subcutaneous neck as the most common site(3).

It is essential to rule out malignancy in lipomas, especially in tumours >10cms and differentiation from a liposarcoma for correct medical treatment (6). CT scan usually reveals benign lipomas as hypo attenuated homogeneous mass (4), and our patient showed similar features hence ruling out malignancy. Sometimes, MRI can also be used as an imaging modality, which usually shows high signal intensity in T1-weighted image and progressive decline along T2-weighting(5) If there is the presence of thick septa or nodular non-lipomatous components visible in MRI(8), or presence of invasion during dissection(7), liposarcoma should be a differential diagnosis and should be ruled out. In our case, we did not progress to MRI as CT scan report was enough to rule out malignancy.

Usual management of lipomas are surgical excision. In almost 5% of cases, there is a chance for recurrence (8), hence routine follow-up should be done.

CONCLUSION

We presented a case report with a literature review of a head lipoma. Lipomas are variable, can occur anywhere in the body and at any age. Proper radiologic and histologic management is essential for the diagnosis and management of lipomas. Giant lipomas of the head are a rare condition, preferably treated by surgical excision, and usually have a good prognosis.

Declaration by Authors

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