



## Case Report

**Bilateral Fallopian Tube Lipomas - A Rare Encounter For Pathologists**Vidya Monappa<sup>1\*</sup>, Nishika Madi Reddy<sup>2\*</sup>, Muralidhar V Pai<sup>3#</sup>

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**ABSTRACT**

We report a case of incidentally detected bilateral fallopian tube lipomas in a 46yrs old female patient who presented with features of dysfunctional uterine bleeding and foul smelling discharge per vaginum.

**Key words:** Lipoma, fallopian tube, mesenchymal tumor.

**INTRODUCTION**

Lipomas are benign tumors of mesenchymal origin. They have been defined as well circumscribed, encapsulated tumours composed of lobules of mature adipocytes. Despite being common ubiquitous tumours, its occurrence in the fallopian tube is rare and generally asymptomatic and goes undetected unless they reach a large size or cause complication. [1] Reporting these tumors, particularly in the abdomen or retroperitoneum is important and should be viewed with suspicion as some prove to be well differentiated liposarcoma.

**CASE REPORT**

A 46 year old Para2, Living2 woman, known hypertensive presented with chief complaints of menorrhagia associated with clots and dysmenorrhea since 2 years. The patient also gave a history of white

discharge p/v with foul smell since one year. The patient was treated for pelvic inflammatory disease and *Mirena* was inserted. As there was no improvement in the patients' condition, total abdominal hysterectomy with bilateral salpingo-oophorectomy was done under general anaesthesia.

**Pathological findings:**

Hysterectomy specimen with bilateral attached adnexa weighed 110gm. Uterus with cervix measured 10.5x6.6x4.5cm and were unremarkable. Both the ovaries also appeared normal. The right and the left tubes measured 6.5cm and 4.5 cm in length respectively. Externally both the tubes showed subserosal nodular masses measuring 2.3x1.3x1cm and 1.5x1cm respectively. Cut section of these nodules showed yellow fatty areas (Figure 1).



Figure 1: Gross image of uterus with attached bilateral fallopian tubes showing subserosal nodules yellow masses (arrow).

On microscopic examination the section from both tubes with the subserosal nodules revealed normal fallopian tube histology surrounded by thinly encapsulated lesions composed of sheets of mature adipocytes with intervening congested blood vessels. (Figure 2).

The specimen was reported as - Bilateral fallopian tube Lipomas.

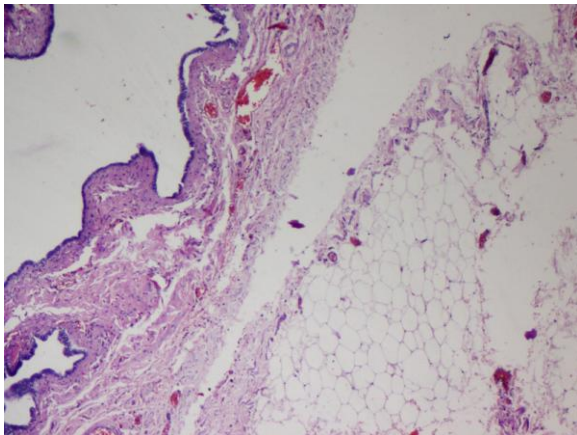


Figure 2: Section shows dilated fallopian tube with subserosal encapsulated lesion composed of sheets of mature adipocytes. H&E, 200x.

## DISCUSSION

Primary Neoplasms of the Fallopian tube whether benign or malignant are rare and are almost always incidental findings on the operation table or during pathological examination. [2] Some of the commonly

encountered tumours of the fallopian tubes are adenomatoid tumours, epithelial tumours, mixed epithelial-mesenchymal tumours, germ cell tumours and metaplastic papillary tumor of the fallopian tube. Among the mesenchymal tumors, Leiomyoma is the commonest. The less common tumours include lipoma, neurilemmoma, angiomyolipoma, lymphangioma, ganglioneuroma and hemangioma. [3]

Lipomas are benign adipose tissue tumors being mostly subcutaneous, the trunk and proximal limbs being their common sites of occurrence. They are usually seen in the fourth and fifth decades and show a female preponderance. Lipomas of fallopian tube are extremely rare with isolated case reports reported in the literature. This may be partly due to their lack of clinical symptoms and indolent nature. Histological variants may include- pure lipomas, lipoleiomyomas and fibromyolipomas. [4]

The pathogenesis of fallopian tube lipoma is yet to be elucidated. Perhaps the common mesenchymal origin of lipomas and fallopian tube has a role in their occurrence at this site. Dede and Janovski collated 12 tubal lipomas, the largest weighing 80gms and observed that majority appeared to be paratubal rather than intratubal. [5] The present case was also seen in the subserosa. Mesenchymal metaplasia is the most accepted pathogenetic mechanism of occurrence of lipomas in the fallopian tube.

Recognition of this entity is important to differentiate it from other fat containing pelvic masses which include – benign cystic teratoma, teratosarcoma and liposarcoma. Liposarcomas are usually larger in size and show lipoblasts, nuclear atypia and mitosis. Teratomas, both benign and malignant, have other epithelial and mesenchymal components other than adipose tissue.

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