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Case Report

A Curious Case of Giant Lipoma

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ABSTRACT

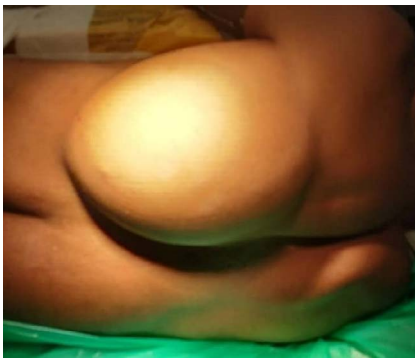
A lipoma is a fatty tissue tumor presenting as a painless, slow growing mass, that can affect any part of the body rich in adipose tissue. Lipomas can be present in the thigh, shoulder, trunk, etc. They are usually small in size. The lipomas that are larger may, sometimes, transform into malignancy. It may also hamper the quality of life as it can cause pain, prevent comfortable sleep, compress structures within its anatomical vicinity, lead to infections and so forth. Mass localization may also restrict body functions. Lipoma is described as "giant" beyond 1 kg of weight and 10 cm diameter. The diagnosis is primarily clinical. In this case, a 75-year old man presented with a huge swelling over his back, ranging from the left superior border of scapula to the left lumbar region, that has evolved over 15 years. The size and location of the lipoma prevented the patient from lying supine, sitting erect and made dressing problematic. The patient became extremely conscious of his physical appearance and preferred not to step out of his house. After examination, the patient was taken into surgery where a 35cm × 23cm × 22cm mass weighing 3476 grams was successfully excised. Cosmetic and functional results of the surgery were excellent leaving the patient satisfied. Post-surgery the patient reports an improved quality of life.

Keywords: *Giant lipoma, Tumor.*

INTRODUCTION

Lipomas are soft masses that are generally painless, encapsulated and slow growing. Of these, very few grow to an exceptionally large size. Composed of mature adipose cells, these are the most common benign mesenchymal tumors. A lipoma is also called as universal tumor or ubiquitous tumor because it can be found in almost all the organs of the body where fat normally exists.[1,2] Superficial lipomas that are small in size give rise to simple surgical conditions, on the other hand, large and deep lipomas pose a bigger challenge both in terms of confirming the diagnosis and reaching a treatment plan that will bring out a satisfactory result when carried out.[3] A giant lipoma was defined by Sanchez et al as a lesion that measures at least 10 cm in one dimension or weighs a minimum of 1000 g.[4] The size and site of lesion influences the presentation of a lipoma. These mesenchymal neoplasms tend to appear most frequently in mature adults aged 40–60 years.[1] Lipomas are commonly located on the back, neck and shoulder region and are seldom found on the face, scalp, or sternal region.[5-7] Most lipomas are small, weighing only a few grams and measuring less than 2 × 2 cm and may occur as a single lipoma or in multiple numbers. Giant lipomas are not very frequently logged. This report records the case of a patient who had difficulty carrying on his everyday life as the swelling made everyday activities into complex tasks.(Figure 1)

Figure 1. Giant lipoma over back



CASE REPORT

A 75-year-old man presented with a longstanding complaint of a huge gibbosity over the back causing difficulty while sitting in an erect posi-

tion and dressing, also doing work in the field as a farmer. Over time, the patient has become more secluded as he is extremely unhappy with his physical appearance Patient had this complaint for 15 odd years. On examination, it was noted to be a mobile mass with distinct borders and a smooth surface measuring approximately 35cm × 23cm × 22 cm in the left thoracic region extending from the superior border of the left scapula to the left lumbar region. Fortunately, further examination did not reveal any neurological deficit. Ultrasound (US) examination revealed a mass that measured 36cm × 23cm × 22cm homogenous, and isoechoic with subcutaneous fat tissue, suggestive of lipoma. Magnetic resonance imaging (MRI) was done additionally, owing to the gigantic size, which confirmed that the mass was benign. The preoperative diagnosis was that of lipoma. After explaining the procedure in detail, consent was taken, and the preoperative work up was done. In view of the age of the patient, fitness for surgery was evaluated with a pre-anesthetic checkup. Taking into consideration that there was no relevant family history, or any predisposing factors, the patient was taken in for surgery. The procedure was conducted with the patient in the right lateral position and under general anaesthesia. A vertical elliptical incision was taken over the swelling and the mass was excised in its entirety. Hemostasis was achieved and a suction drain was inserted at the end of surgery. The patient experienced an uneventful post- operative recovery period. The suction drain was removed on the fifth day and the patient was discharged after ensuring contentment with the treatment provided. A specimen was sent for histopathological examination, the results of which confirmed a lipoma weighing 3476 grams and measuring 35cm × 23cm × 22 cm. During follow up, the patient was found to be able to lie supine, sit upright, dress himself, and carry on his work in the field as a farmer.(Figure 2&3)

Figure 2. Dissected lipoma

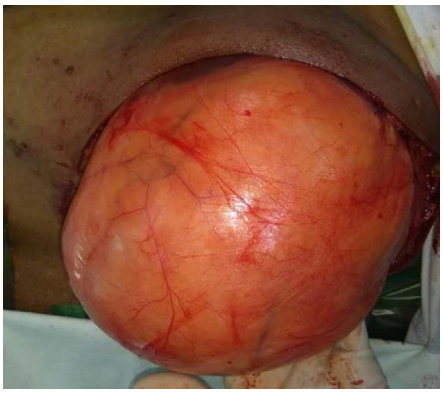


Figure 3. Incision closed with suction drain placed

DISCUSSION

Literature states that lipomas measuring more than 10cm and weighing above 1000 g are termed as '*Giant*'.[7] Giant lipomas reported are commonly localised to the back and posterior cervical area. A 22.7 kg weighing lipoma of the left scapula was the largest one to be recorded in the English-language literature.[8] This case report makes it to one of the largest giant lipoma reported in last decade in the English-language literature, weighing 3476 grams and measuring 35cm × 23cm × 22 cm.

Though primarily giant lipomas pose a cosmetic issue, they may also cause functional limitations because of their size, weight, location, or structures compressed by it. For example: a lipoma adjoining the motor nerve of an extremity can cause neuromuscular dysfunction.[9] However, this is not the general case.

The treatment of choice for lipomas is blunt dissection. The transformation of lipoma (>10 cm) into a liposarcoma, though rare, poses a concern that has to be ruled out, when the lipoma is of a giant size[10] and thus, Histopathological examination of large lipomas must be performed carefully. Jones et al. stated a specific criteria that would make a liposarcoma more likely when the size is greater than 5cm, deep to deep fascia, and irregularity, pain or thickened septae are noted.[11]

In the case under discussion, the surgical treatment was successful in that it rid the patient of all his lipoma related complaints. That goes to show that in this case although mass size was greater than 5cm, it was not localized deeper than the deep fascia, and there was no irregularity or thickened septae. Also, histopathological diagnosis was consistent with that of a benign lipoma.

CONCLUSION

In addition to the lipoma's anatomic location, size, and risk of malignant transformation, the effect of giant lipoma on daily living and quality of life should be evaluated as an indication for surgery. In case of giant lipoma as in our case, the possibility of malignant transformation must be ruled out. No aetiological or predisposing factors were detected in the case being presented. Further research is necessary to explain the underlying aetiology and genetics associated with giant lipomas.

AUTHOR CONTRIBUTION

Study conception and design: Dr. Mohd Amir

Acquisition of data: Dr. Prathamesh P

Analysis and interpretation of data: Dr. Sameer D, Dr. Dhanushree N

Drafting of manuscript: Dr. Mohd Amir

Critical revision: Dr. Chatterjee S.

CONSENT

Consent taken from the patient for case study and publishing.

FUNDING

None.

CONFLICTS OF INTEREST

None.

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