LIPOMA

- CASE REPORT -


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INTRODUCTION

Lipomas are the most common benign peripheral mesenchymal tumour having their peak occurrence mainly in the fifth or sixth decades of life, are uncommon in childhood and regardless of gender. Although 15 to 20% of these tumours occur in the head and neck region, only 1 to 4% affect the oral cavity, representing between 0.1% and 5% of all benign tumours in the oral cavity. They develop in any location where fat is present and its evolution occurs mainly in subcutaneous tissues, such as a single lesion that may be sessile, pedunculated or submerged. However, they may occur in deeper regions. The most common sites are vestibular mucosa and buccal frenulum, followed by the tongue, oral pavement, lips, larger salivary glands, palate and vestibule.

Clinically, this tumour presents as a painless, well-circumscribed, slow-growing surface or submucosal lesion with a soft, non-ulcerated surface except when due to trauma. It is an exophytic lesion and of yellow or whitish-yellowish tumescence. In many cases, these lesions present as floating nodules.

Its size can vary from 1 cm in diameter to 5x3x2cm. Deeper lesions vary in contour and shape. No known cause was found although its onset appears to be correlated with obesity.

CLINICAL CASE DESCRIPTION

Medical History

- **Genre:** Male
- **Age:** 82 years old
- **Reason for consultation:** referred by his doctor for tongue lesion removal

Clinical Procedure


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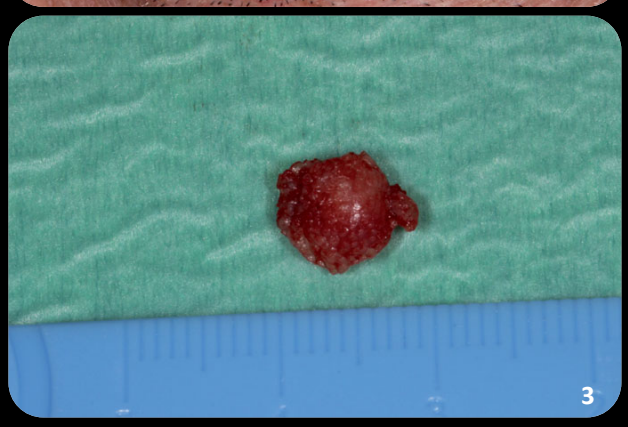
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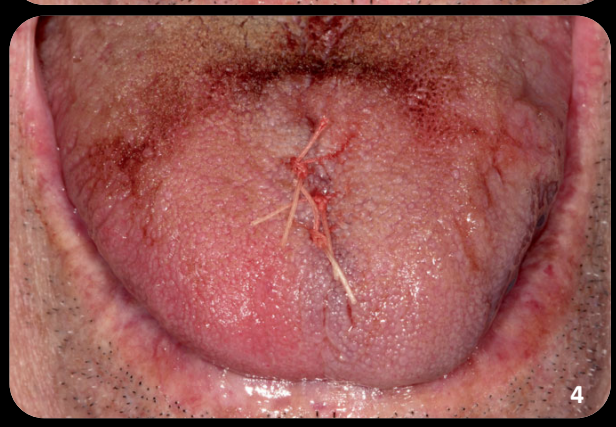
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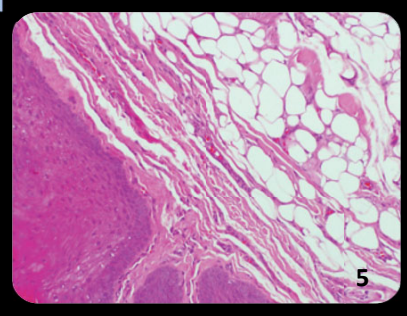
1. Preoperative; 2. Excisional biopsy; 3. Piece for anatomopathological analysis; 4. Non-resorbable suture 3/0. 4.Medication with antiseptic with chlorhexidine

Anatomopathological Examination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5. Histological findings show that it is a tumour microscopically constituted by mature adipocytes, divided into lobes by fine and fibrous stroma, circumscribed within an areolar tissue and encased in fibrous tissue.

Based on their pathological findings, lipomas can be classified as:

- **Simple lipoma (the most common);**
- **Fibrolipoma;**
- **Angiolipoma;**
- **Intramuscular or infiltrative lipoma;**
- **Pleomorphic lipomas;**
- **Lipoma of salivary glands (sialolipoma);**
- **Myxoid Lipoma;**
- **Atypical lipoma.**

Diagnosis

LIPOMA

CONCLUSIONS AND MEDICAL IMPLICATIONS

The differential diagnosis of lipoma is often confused with mucocelo and traumatic fibroma. Variations in size may indicate that it is a mucocelo, but biopsy is necessary to distinguish lipoma from a traumatic fibroma. Other soft tissue tumours and salivary glands are usually harder to palpate. Liposarcoma, a malignant tumour of adipose tissue, may also appear yellowish and should be discarded.

This tumour appears to have a limited growth potential intraorally. The treatment of lipomas of the maxillofacial region, including all histological variants, is simple surgical excision. Recurrence is not observed. Although lipomas growth is usually limited, they may reach higher proportions, interfering with speech and chewing thus reinforcing the need for excision.

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