

A CASE REPORT OF GIANT LIOPMA IN RIGHT LOIN

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Abstract

Lipoma is one of the commonest benign mesenchymal tumors in body and found almost in all organs where the fat exists. It is usually small but giant lipomas can be present in thigh, shoulder and trunk. The present study describes a 46 year old male with a huge mass right loin which on histopathology revealed features suggestive of lipoma.

Keywords: Giant Lipoma; excision; Liposuction

1. Introduction:

Lipoma is one of the most common benign mesenchymal tumors in the body and is composed of mature adipose cells. A lipoma can be found in almost all the organs of the body where fat normally exists, which is why it is also known as a ubiquitous tumor or universal tumor. While small superficial lipomas constitute simple surgical conditions, large and deep lipomas represent a real diagnostic and therapeutic challenge. Presentation is usually as a painless subcutaneous swelling. Other presentations depend on the site and size of the lesion and on local pressure effects^{1,2,3}.

Figure-1 (giant lipoma)



Figure-2(Post excisional specimen)



Figure-3(anterior view)



2. Case Report:

We report a 46 year old man presented to us with history of swelling in right loin since 10 years. No history of sudden increase or pain in the swelling. He was asymptomatic all these days, because of persistent swelling he came to our OPD. On Examination swelling was occupying right loin and right lumbar region, soft in consistency, no cough impulse, clinically lipoma diagnosis was made. Ultrasonography of swelling revealed heterogeneous lesion measuring 20cmx25cm, with hypoechoic areas in the lesion. Blood investigations were within normal limits. FNAC revealed lipoma, hence planned for complete surgical excision of lipoma was done. The histopathological examination is lipoma. (Figure-1, 2, 3)

4. Discussion:

Giant lipomas, though rare, can present in thigh, shoulder or trunk^{4,5}. Clinical features of these giant lipomas are mainly because of their size which includes pain because of stretching of adjacent nerves, restriction in movements of the part involved or social embarrassment because of mere size of the swelling.

Although definitive diagnosis of giant lipoma can be made only by histopathological examination, but once suspected, other investigations can provide additional information about the tumour. The characteristics of benign lipomas on ultrasonography, Computed Tomography⁹ and Magnetic Resonance Imaging⁶ have been well established and even Tc⁹⁹ DTPA scan have been used to confirm the diagnosis.

Surgery is the treatment of choice of these giant swellings due to their tendency to recur and their potential hazard of malignant transformation, other option for treatment of these giant swelling is liposuction⁵. The dissection of these lipomas is usually easy because of continuous pressure on the surrounding tissue; a well-defined pseudocapsule is formed. Dead space created because of dissection of the giant lipomas is usually drained with the help of a suction drain to avoid collection. As already mentioned, these tumours have tendency to recur and can have malignant transformation, therefore, should be followed meticulously.

Diagnosis is primarily clinical, but malignancy has to be ruled out⁷. In addition to FNAC, MRI has been well established to aid in arriving at a diagnosis and planning for surgery. Features that suggest malignancy include old age, large size, presence of thick septa, presence of nodular and/or globular or non adipose mass-like areas, and decreased percentage of fat composition. Many of these factors were present in our case. Johnson et al suggested that any soft tissue tumor that is greater than 5 cm, should be considered malignant until Proved otherwise⁸. In our case, the size of the tumor was >5 cm, but histopathology revealed a benign lesion. Surgical excision is the treatment of choice because these large tumors may undergo malignant transformation.

The preoperative findings and histopathological features confirmed the diagnosis of benign giant lipoma. These tumors have a tendency for recurrence, and the patients should be kept under a regular followup.

Conclusion:

The presentation of a long-standing giant lipoma may resemble a malignant lesion. Surgical excision is the treatment of choice to alleviate the symptoms and the apprehension of malignancy and provide tissue diagnosis. We are presenting this case report as it is large sized lipoma.

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