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Oral Lipoma- A Case Report

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Abstract:

Lipomas are soft tissue tumors that originate from the adipose tissue. Etiology of the lipomas is unclear some authors have suggested endocrine, traumatic, and hereditary causes. These lesions are soft, and rarely develop in the mouth. An important feature is that the tumor tends to float when placed in a 10% formaldehyde solution. Treatment consists of conservative surgical removal and recurrences are rare.

A 45 year old female patient was reported to Town Dental Advance Multispecialty Dental Clinic & Oral Disease Diagnostic Centre with a growth in the right cheek. Clinical examination revealed single, well-defined, pedunculated, oval shape growth present on right buccal mucosa near the molar region. Overlying mucosa was of faint yellow color in some areas. The growth was soft on palpation. The provisional diagnosis was oral Lipoma. The excisional biopsy was performed and the histopathology confirmed the diagnosis of lipoma. The patient was disease free under regular follow up and the wound healed without any further complications.

Keywords:	*Oral Lipoma, Buccal Mucosa, Retromolar Region*
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1. Introduction

Lipomas are defined as a common subcutaneous tumor composed of adipose (fat) cells, often encapsulated by a thin layer of fibrous tissue. Clinically, they often present in the body's cephalic part, specifically in the head, neck, shoulders, and backs of patients.[1]

Lipomas are benign mesenchymal tumors. They are the most common type of soft tissue tumors. Usually, they are localized superficially to the enclosing fascia in the subcutaneous tissues (subcutaneous lipoma). However, lipomas may be localized deep under the enclosing fascia; these are called deep-seated lipomas. Intramuscular lipomas are deep-seated lipomas which originate within the muscle.[2]

Lipomas can sometimes, though rare, be associated with certain disorders such as multiple hereditary lipomatosis, Gardner syndrome, adiposis dolorosa, and Madelung disease. Some unconventional forms of lipomas include the following: angiolipoma, chondroid lipoma, lipoblastoma, myolipoma, pleomorphic lipoma/spindle cell lipoma, intramuscular and intermuscular lipoma, lipomatosis of nerve, lipoma of the tendon sheath and joint, lipoma arborescens, multiple symmetric lipomatosis, diffuse lipomatosis, adiposis dolorosa, and hibernoma. A genetic link has been demonstrated that cites that about two-thirds of lipomas exhibit genetic abnormalities. In a subgroup of lipomas, the *HMGA2* gene (located on 12q14.3) was involved in tumor pathogenesis. The structural rearrangements of chromosomes especially 12q 13-15,13q portion loss, 6p21-23 region have been associated with lipoma occurrence.[1] Well-differentiated liposarcoma and atypical lipoma are pathologic synonyms because they are identical lesions both morphologically and karyotypically .They represent the lowest grade lesions in the spectrum of liposarcoma. The term atypical lipoma and atypical intramuscular lipoma were introduced specifically to describe well –differentiated liposarcomas occurring in the extremities, because of their better prognosis in comparison with their retroperitoneal counterparts. Although well-differentiated liposarcomas of the extremities have a relatively begin clinical course, they have high rates of local recurrence and well-documentr potential for delayed dedeifferentiated (with subsequent risk for metastasis). [3]

Lipoma in the mouth is an asymptomatic slowly growing benign tumor of mesenchymal origin consisting of fat. It may present in various forms, as a sessile or pediculated and single or lobulated tumor of variable sizes although mostly below 3 cm diameter, and generally surrounded by a fibrous capsule. These lesions are soft. The diagnosis is made by pathology of an incisional or excisional specimen. An important feature is that the tumor tends to float when placed in a 10% formaldehyde solution. The differential diagnosis includes ranulae, epidermoid cysts, pleomorphic adenomas, and fibromas. Treatment consists of conservative surgical removal of the lipoma; recurrences are rare.[4]

2. Case Report

A 45 year old female patient reported to Town Dental Advance Multispecialty Dental Clinic & Oral Disease Diagnostic Centre with a growth on the right cheek with no gross facial asymmetry (Figure 1,2,3). Intraoral examination revealed single, well-defined, pedunculated, oval shape growth (Figure 4) on right buccal mucosa extending antero-posteriorly, 1cm behind the right mandibular second molar to 2.5 cm posterior to the retromolar pad area, mesio-distally extending from pterygo-mandibular raphe to 1.5 cm along the buccal mucosa. Overlying mucosa was faint yellow. Its anterior portion was whitish in appearance. The growth was soft in consistency; non tender, mobile, compressible, non-pulsatile and slipping sign was present.

Hematological Investigations did not reveal any abnormality. Bleeding and clotting time was within normal limits. Radiographic examination did not reveal any changes in the bone (Figure 5). The provisional diagnosis included oral Lipoma, Fibroma and Minor salivary gland tumor.

Excisional biopsy was done, tissue specimen was floating in 10% Formaline (Figure 6). Histopathology showed parakeratinized stratified squamous

epithelium with the connective tissue stroma showing abundant adipose tissue (Figure 7).

The final diagnosis was oral lipoma. The patient remained disease free under regular follow up and the wound is healed without any further complications (Figure 8).

3. Discussion

Linares M.F, Silva A.C et al studied 43 cases and analyzed, 24 (55.8%) occurred in women. The mean age was 77.4 years. The most affected site was the buccal mucosa (22 cases, 51.1%). The mean lesion size was 1.7 cm. Twenty-three cases (53.5%) were classified as simple lipoma, 14 (32.6%) as fibrolipoma, four (9.3%) as spindle cell/pleomorphic lipoma (SC/ PL), one (2.3%) as lipoma of the salivary glands, and one (2.3%) as intramuscular lipoma. They concluded intraoral lipomas show different clinical presentations depending on the histological subtype. [5]

Carlos L, Santos O et al also published a case of 58yr old male patient in 2011, having 5 cm intraoral growth, no radiographic involvement but the specimen floated in 10% formaldehyde because of its fat content.[4] Charifa A, Azmet C.E have discussed about the histologic variants of lipoma.[1]

Oral lipomas constitute only 0.27% to 1.7% of all oral lesions. Literature reports a male predilection for lipomas with ratios ranging 1.19:1 to 2.75:1. It usually occurs in sixth and seventh decades of life. The common sites include buccal mucosa, tongue and lips with a mean size of 2cm. It presents as submucosal or superficial nodules with intact surface. The coloration could range from yellowish to normal mucosa. The treatment of simple lipoma is surgical excision with excellent prognosis and no recurrences. [5,6,7] Our case of lipoma presented in a 45 year old female, involved the right buccal mucosa, was pedunculated, showed faint yellow color and was asymptomatic. The clinical and Histopathological findings confirmed the diagnosis. The lesion was excised and there was no recurrence in follow-up.

4. Conclusion

Though oral lipomas are rare, it should be included in the differential diagnosis of soft lesions involving the buccal mucosa. With proper diagnosis and conservative surgical management, these lipomas could be treated effectively.

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cases. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2004;98(4):441-50.

Figures with Legends:

Figures 1, 2, 3 are clinical photographs that did not show any extra-oral abnormalities.

Figure 4 is the intra-oral photograph showing the pedunculated growth in the right buccal mucosa.

Figure 5 is the orthopantomogram that does not show any bone involvement.

Figure 6 shows the excised specimen floating in 10% formaline.

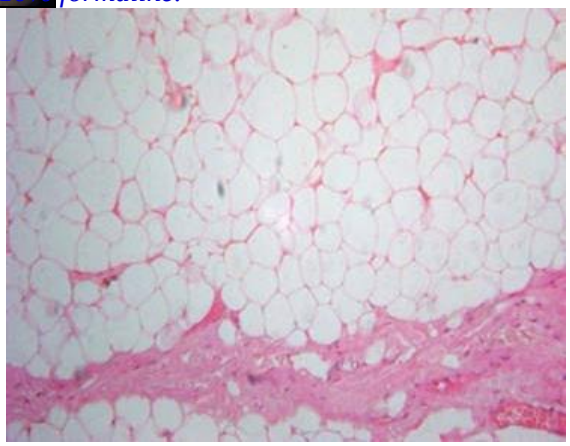

Figure 7 is the photomicrograph revealing adipose tissue with connective tissue stroma. H & E, 20x

Figure 8 is the clinical picture after excision showing the healing phase.