

A Giant Lipoma of Left Flank: Case Report and Review of the Literature

Sol Bel Bölgesinde Dev Lipom: Olgu Sunumu ve Literatürün Gözden Geçirilmesi

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ABSTRACT Lipomas are benign soft tissue neoplasms comprised of mature adipocytes encapsulated by a layer of connective fibrous tissue. Our case was 56 years old man who has a slow growing mass on his left loin for ten years. Lately, he suffered from this mass because he complained about wearing pants, sitting a chair and failing daily activities. On physical examination, 25x15 cm soft, mobile mass lining through his left loin was seen. An elliptical incision consisting of expanded skin was made. 21x5 cm expanded skin and 25 cm length, 15 cm width and 6cm depth superficial lipoma was removed by the monopolar electrocautery over the fascia. A hemovac suction drain was placed. Dermis and subdermal tissue have sutured by 3-0 absorbable sutures. Skin was closed by stapler. In our study, we represent a case of giant lipoma in left loin which has a 25x15x6 cm dimensions. We suggest that this lipoma is among the biggest ones in the literature which has been reported.

Key Words: Lipoma; neoplasms, connective and soft tissue; soft tissue neoplasms

ÖZET Lipomlar, etrafı fibröz doku ile çevrilmiş olgun yağ hücrelerinden oluşan benign yumuşak doku tümörleridir. 56 yaşında erkek hasta on yıldır sol bel bölgesinde mevcut yavaş büyüyen kitle nedeniyle başvurdu. Hasta son zamanlarda günlük aktivitelerini yapamadığını belirterek kitleyi aldirmek istedi. Fizik muayenede sol bel bölgesi boyunca uzanan 25x15 cm boyutlarında hareketli yumuşak doku kitlesi görülüyordu. Genişlemiş deriyi kapsayan eliptik insizyonla başlanan ameliyatta 25x15x6 cm kitle ile birlikte 21x5 cm kitleye bağlı genişlemiş cilt fasya üzerinden monopolar koter yardımıyla çıkarıldı. Hemovak emici diren yerleştirildi. Dermis ve cilt altı 3-0 eriyebilen sütürlerle kapatıldı, cilt ise stapler yardımıyla kapatıldı. Bu çalışmamızda 25x15x6 cm boyutlarında lipom çıkarıldı. Literatür tarandığında bu boyutlarda dev bir lipoma kitlesinin şimdiye kadar yayınlanmış vakalar arasında en büyüklerinden olduğu düşünüldü.

Anahtar Kelimeler: Lipom; tümörler, bağ ve yumuşak doku; yumuşak doku tümörleri

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Lipomas are benign soft tissue neoplasms comprised of mature adipocytes encapsulated by a layer of connective fibrous tissue. There are four histologic types of lipomas;¹

I. *Angiolipomas* are potentially painful masses that arise after puberty. They often have vascular network.

II. *Pleomorphic lipomas* occur predominantly in men aged between 50 to 70 years old. They contain multinucleated giant cells along with normal adipocytes.

III. *Spindle cell Lipomas* contain slender spindle cells.

IV. *Adenolipomas* contain eccrine sweat glands and are often located on proximal limbs.

Lipoma is rare during the first two decades of life and usually makes its appearance when fat begins to accumulate in inactive individuals. Most become clinically apparent in patients 40 to 60 years of age. When not excised, the lipoma persists for the remainder of life, although they hardly increase in size after the initial growth period. Statistics vary as to gender incidence, but most report a higher incidence in men.² Lipomas are rare in children.³

Treatment of lipomas consists of pharmacological injections, liposuction and surgery.^{4,5}

CASE REPORT

Our case was a 56-year-old man who has a slowly growing mass on his left flank for ten years (Figure 1). Lately, he suffered from this mass because he complained about wearing pants, sitting a chair and failing daily activities. Physical examination revealed that 25 x 15 cm soft, mobile mass lining



FIGURE 1: A giant soft tissue mass is seen from anterior view.

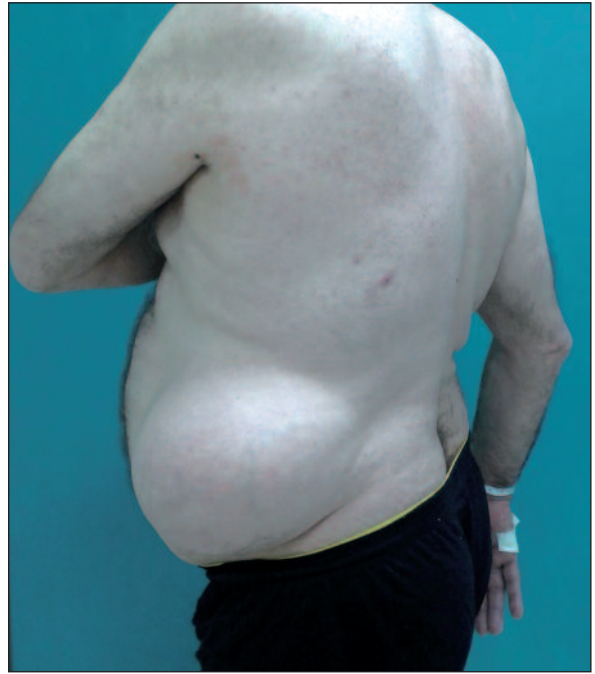


FIGURE 2: A giant soft tissue mass is seen from left oblique view.

through his left flank (Figure 2). Skin over the mass was expanded. He had also a chronic obstructive pulmonary disease but there is no significant relationship between these two situations.

Patient gave informed written consent to approve this study. An elliptical incision consisting of expanded skin was made. 21 x 5 cm expanded skin and 25 cm length, 15 cm width, 6 cm depth and 1467 grams weight superficial lipoma was removed by the monopolar electrocautery over the fascia (Figure 3 and 4). A hemovac suction drain was placed. Dermis and subdermal tissue have sutured by 3-0 absorbable sutures. Skin was closed by stapler.

Drain was removed after three days and stapler was taken after fifteen days. There was no hemorrhagia or seroma formation.

Mature adipocytes with pyknotic, peripherally seated nucleus, surrounded by thin, fibrous capsule was seen at hematoxylin-eosin stain (Figure 5).

DISCUSSION

Lipomas are the most common mesenchymal tumors. Their growth is usually insidious and limited.



FIGURE 3: Soft tissue mass before excision is seen.



FIGURE 4: 25x15x6 cm soft tissue mass is seen after surgical excision.

Most of them have a diameter of about 2 cm and rarely grow beyond 10 cm.² Venkatachalapathy, Sreeramulu and Prathima have reported a case report of giant lipoma in right loin.⁶ They didn't suggest about any dimensions of mass in this study. Jen-Chih Huang et al. have reported giant axillar lipoma.⁷ The resected specimen was in 13x12x4.5 cm dimensions. Vandeweyer and Scagnol have reported axillary giant lipoma which was 16x15x5 cm.⁸

Lipomas can be presented clinically as solitary or as multiple lipomas. Solitary lipomas are more common in women and multiple lipomas are more common in men.¹ Estimated annual incidence of

lipomas is 1 per 1000 people.⁹ Two types of solitary lipoma can be distinguished. Subcutaneous (superficial) lipomas are most common in the regions of the upper back and neck, shoulder, and abdomen, followed in frequency by the proximal portions of the extremities, chiefly the upper arms, buttocks, and upper thigh. They are seldom encountered in the face, hands, lower legs, or feet. Deep lipomas are far rarer. They are often detected at a relatively late stage of development and consequently tend to be larger than superficial lipomas. When in the extremities, they often arise from the subfascial tissues of the hands and feet. They may also arise from juxta-articular regions or the periosteum (parosteal lipoma), sometimes causing nerve compression, erosion of bone, or focal cortical hyperostosis. Deep lipomas in the region of the head occur chiefly in the forehead and scalp; those in the trunk are found principally in the thorax and mediastinum, chest wall and pleura, and pelvis and paratesticular region.⁹

Surgery is the best choice for treatment for giant lipomas because masses larger than 5 cm have a tendency to malignant transformation.¹⁰

In our study, we represent a case of giant lipoma in left flank which has a 25x15x6 cm dimensions and 1467 grams weight. We suggest that this lipoma is among the biggest ones in the literature which has been reported before.

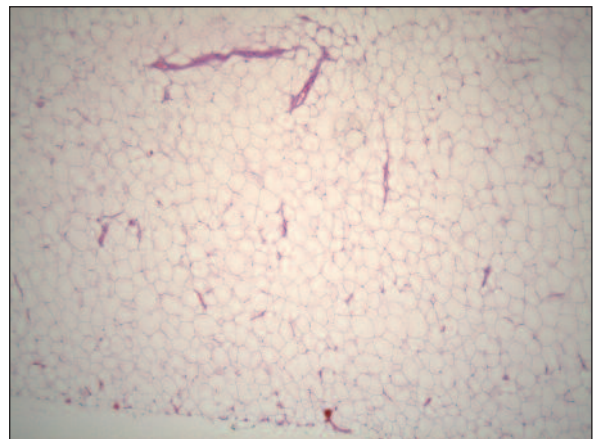


FIGURE 5: Mature adipocytes with pyknotic, peripherally seated nucleus, surrounded by thin, fibrous capsule was seen at hematoxylin- eosin stain (x25 magnification).

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