Case report

Uncommon presentation of common clinical case

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Abstract
Lipoma is the most common benign tumor of the mesenchyme. Common location being trunk and limbs. Lipoma can occur rarely in the head and neck region with most common location being the posterior neck. We report a case of a 62 year old male who presented with a huge swelling (26x16cms), in the chin region with ulceration and bleeding. On further evaluation the swelling was found to be a benign tumor. The swelling was excised along with the overlying skin and on histopathologic examination it was found to be a simple lipoma. On postoperative follow up for 1 year there was no recurrence and good aesthetic appearance was achieved. Awareness regarding such uncommon presentations of common clinical conditions like lipoma should always be considered.

Key words: common presentation, complications, giant lipoma

Case report
A 62 year old elderly male presented with a swelling in the sub mental region of 15 years duration. It was slowly growing. He came due to ulceration and bleeding from the swelling of one month duration (Fig 1). On thorough evaluation it was found to be a benign swelling and fine needle aspiration cytology showed benign neoplasm from fat cells. Surgical excision of the lipoma along with the excess skin was done under general anesthesia (Fig 2). It measured about 26 x 16cms and weighed 3.2 kg (Fig 3). Histopathologic analysis of the excised swelling revealed mature, proliferative fat cells with no cellular atypia, and it was diagnosed as a benign giant lipoma. Postoperative follow up for 1 year revealed good aesthetic results and no recurrence (Fig 4).
Lipomas are universal or ubiquitous tumors. Subcutaneous lipomas are generally small and can be easily diagnosed. They can be found everywhere with about 15-20% occurring in the head and neck region. They are not common in the chin region. They are mostly painless swellings and asymptomatic. Giant lipomas can cause pressure effects like ulceration and bleeding, on long standing sarcomatous and degenerative changes can occur. Giant lipomas are most likely to turn malignant hence preoperative work up to rule out malignancy is advised.

Surgical excision is the treatment of choice for lipomas. Removal of these tumors is not difficult because of clear demarcation of the surrounding tissues and is covered by a pseudo capsule. Giant lipomas if not completely removed there are more chances of recurrence. Very large lipomas (measuring up to 55 cms in diameter and weighing as much as 2.495 kg) have been reported in the literature. In our case the tumor weighed 3.2 kgs and measured 26 x 16cm. and presented in the chin region with pressure symptoms like ulceration and bleeding. So, the main diagnostic dilemma was to distinguish a lipoma from a liposarcoma. To conclude, giant lipoma in the neck region is rare and complications like bleeding, decubitus ulcers and malignant transformation can occur. Hence early surgical intervention is a must for these giant lipomas.

**Conclusion**

Common clinical conditions like lipomas can present in such uncommon locations with such uncommon manifestations and awareness of this and the possible complications in such presentations helps diagnosis and accurate management.
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References