

Lipoma of the Buccal Vestibule- Report of a Case

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Abstract

The intraoral lipoma is a relatively rare tumor of oral cavity. They are usually small in size, but may be seen as enlarged masses in rare conditions. The present report shows a case of a 50-year aged female who presented with an asymptomatic swelling in the right lower buccal vestibule.

Keywords: Lipoma, Buccal Vestibule, Intraoral

Introduction

The lipoma is a benign neoplasm composed of mature adipocytes with a fibrous capsule covering it.¹ In 1848, in a review of alveolar mass, Roux described oral lipomas for the first time and referred them as 'yellow epulis'.² This tumor is rarely seen in head and neck area with intraoral presentation being rarer (1-5% of all cases).³ The etiology of lipoma is uncertain.

Case Report

A 50-year old female patient reported to the department of oral and maxillofacial surgery of our institution with a chief complaint of a swelling in back region of right-sided lower jaw inside mouth since 1 year. It was initially small and gradually increased in size. It was asymptomatic in nature. On examination, a single, diffuse swelling of size 3×3 cms, yellowish in colour, was observed in lower buccal vestibule region on the right side. [Figure 1] The overlying mucosa was normal in consistency. The swelling was mobile, soft and non-tender on palpation. The slip sign was positive. Needle aspiration test was negative.

After establishment of provisional diagnosis as lipoma, the treatment was planned as surgical excision of the lesion under local anesthesia. The patient underwent normal routine laboratory investigations. Infiltration anesthesia

was administered around the lesion. An incision was given and complete surgical excision of the lesion was performed. [Figure 2,3]

After surgical excision, the specimen was placed in a water-filled container where it floated, which is a peculiar feature of lipoma. [Figure 4] The specimen was sent for histopathological examination, which confirmed the diagnosis of lipoma. The healing in the postoperative period was uneventful. The patient underwent a regular follow up for one year and there was no complication or recurrence.

Discussion

Lipomas mainly contain mature adipose cells. Thus, its occurrence is also associated with the availability of fat cells in the anatomic site. Owing to this, its incidence is more in buccal mucosa followed by other sites like floor of mouth, lips, tongue, palate.⁴ The sex predilection is a controversial topic in the case of lipomas. The ratio between male and female patients is reported to be either equal, or male predilection, or female predilection is noted. It is observed especially between the fourth and the sixth decade of lives.⁵ The present case was a female patient in the fifth decade of her life, with lipoma in buccal mucosa extending upto the buccal vestibule.

The theories of pathogenesis and etiology of lipoma are still unclear. Various possible theories include hypertrophy theory, metaplasia theory, and various causative factors include endocrine disorders, hypercholesterolaemia, obesity, fatty degeneration, radiation, inflammation, chronic irritation, spontaneous development, trauma, chromosomal abnormalities and nutritional problems.⁶

The clinical presentation of oral lipoma usually appears to be a painless, well circumscribed, soft tumor. Depending on the depth of the lesion, its color ranges from yellow to pinkish⁷; yellowish being in this case as well. The size of

lipoma is variable but in most cases, it is less than 3cms, but can increase upto 5-6cms over a period of few years.¹ Intraoral lipomas may be present as Superficial or Deep masses, of which, superficial ones can be sometimes clinically diagnosed by palpation.⁸ The lesion in this reported case was within 3cms size and was superficial in nature.

Based on the matrix and the properties of tumor cells, histologically, oral lipomas are divided into subtypes: classic lipoma, intramuscular lipoma, fibrolipoma, spindle cell lipoma, chondrolipoma, myxoid lipoma, pleiomorphic lipoma, angioliipoma, osteoliipoma, sialoliipoma, angiomyxoliipoma, infiltrating lipoma, atypical lipoma, perineural lipoma, and intraneural lipoma.⁹

Treatment of choice for lipoma is the surgical excision.¹ After proper surgical excision of the lesion, no recurrence has been reported in literature.¹⁰ Long-term follow-up is advised in patients under 18 years of age.¹¹

Conclusion

Lipoma, a benign tumor, of the oral cavity is rare and is a potential differential diagnosis for intraoral swellings. Peculiar clinical features aid in provisional diagnosis of lipoma and confirmatory diagnosis is established by histopathological examination. The treatment of choice for lipoma remains surgical excision.

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Legends Figures



Figure 1. Preoperative presentation of lesion



Figure 2. Exposure of the lesion



Figure 3. Cut section of the specimen



Figure 4. Specimen floating in water-filled container