ISSN: 2581-5989
PubMed - National Library of Medicine - ID: 101738774

International Journal of Dental Science and Innovative Research (IJDSIR)

IJDSIR : Dental Publication Service

Available Online at: www.ijdsir.com

Volume – 3, Issue – 2, April - 2020, Page No. : 47 - 51

Fibrolipoma of the Palate: A Common Tumor in an Uncommon Area: A Case Report

[1]Dr.Himanshu Bhutani, Reader, Department of Oral and Maxillofacial Surgery, I.T.S Dental College and Hospital , Greater Noida

[2]Dr.Ashish Sharma, Professor and Head of the department , Department of Oral and Maxillofacial Surgery ,I.T.S Dental College and Hospital , Greater Noida

[3]Dr.Hani Yousuf Naik, PG student 3rd year , Department of Oral and Maxillofacial Surgery ,I.T.S Dental College and Hospital , Greater Noida

[4]Dr.Nishant Kumar, Former Sr. Lecturer, Department of Oral and Maxillofacial Surgery, I.T.S Dental College and Hospital , Greater Noida

Corresponding author: Dr.Hani Yousuf Naik, PG student 3rd year , Department of Oral and Maxillofacial Surgery ,I.T.S Dental College and Hospital , Greater Noida

Citation of this Article: Dr.Himanshu Bhutani, Dr.Ashish Sharma ,Dr.Hani Yousuf Naik , Dr.Nishant Kumar, "Fibrolipoma of the Palate: A Common Tumor in an Uncommon Area: A Case Report", IJDSIR- April - 2020, Vol. – 3, Issue -2, P. No. 47 – 51.

Type of Publication: Case Report

Conflicts of Interest: Nil

Abstract

Lipomas can be considered as a benign neoplasm of mesenchymal origin that occurs in mature adipose tissue. Although the occurrence in the oral cavity is rare, they are mostly seen in the buccal mucosa, tongue, and gingiva. We report a case of a 54 -year-old female patient with a large intraoral swelling that on surgical excision was reported as a lipoma. Oral fibrolipomas are rare and those occurring on the hard palate are even rarer. Radiological evaluation is considered essential for larger lesions to know the spread and the exact extent of the lesion. Fibrolipomas should also be considered while framing the differential diagnoses of palatal swellings.

Keywords: Lipoma, Mesenchymal tumor

Introduction

Lipoma is a benign mesenchymal tumor comprised of encapsulated mature adipose tissue with variably sized adipocytes[1]. Clinically, it is characterized as a painless, well-delineated, nodular growth with yellow surfaces located mainly in the back, neck, chest wall, face, and femur [2].

When present in the oral cavity, lipomas are majorly located in the following order of frequency: tongue; the floor of mouth; buccal vestibule; lip; palate; gingiva and retromolar region[3]. The case of a lipoma located in the hard palate is presented, highlighting its clinical and histopathological aspects.

Case Report

We report a case of a 54-year-old female with a complaint of slow, painless growth in the palate area which gradually increased in size over the last 10 years. The patient reported no pain or bleeding from the site.

On intraoral examination, a soft tissue growth, sessile, measuring approximately 3 x 5 cms in greatest dimension was found over the left posterolateral aspect of the palate (Fig 1 and Fig 2). The overlying mucosa appeared to be normal. The swelling was soft, not fixed to the underlying bone, non-tender on palpation and no aspirate was obtained.

The CT scan revealed a well-defined, lobulated, soft tissue mass in the hard palate measuring around 5cm x 3cm x 2cm in the greatest dimensions. The underlying bone was unremarkable, and showed no signs of effacement, indicating no bony involvement. (Fig 3)

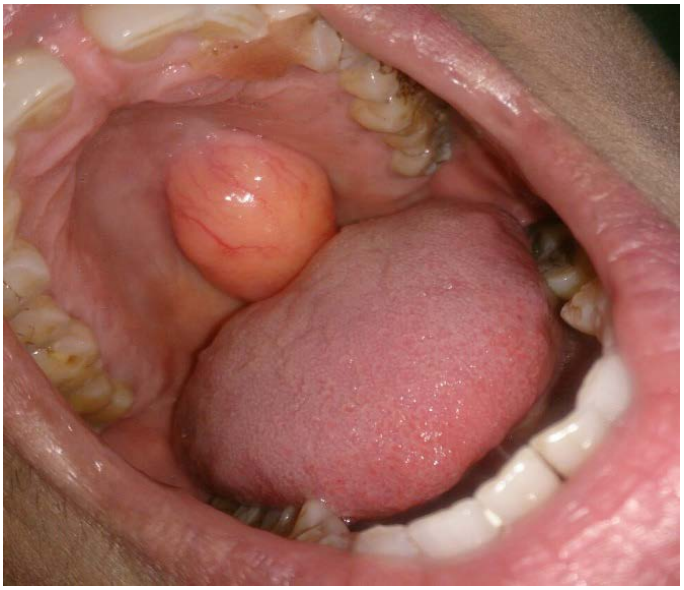

Figure 1

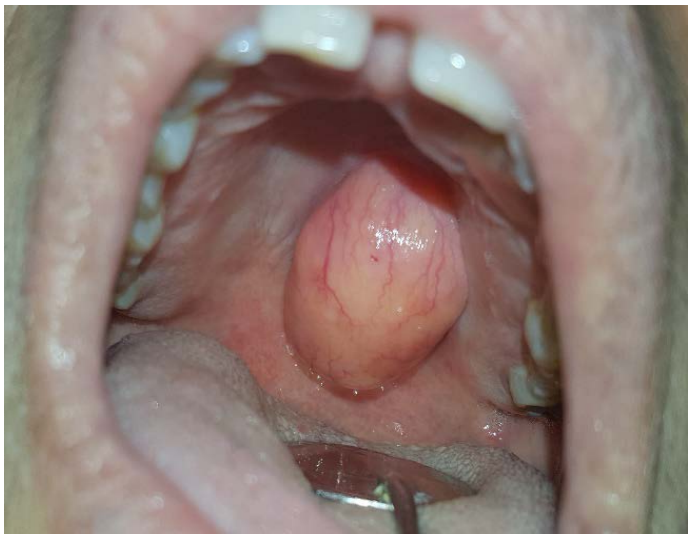

Figure 2

Figure 1and Figure 2 depicting a mass on the posterolateral aspect of the palate slightly left from the midline.

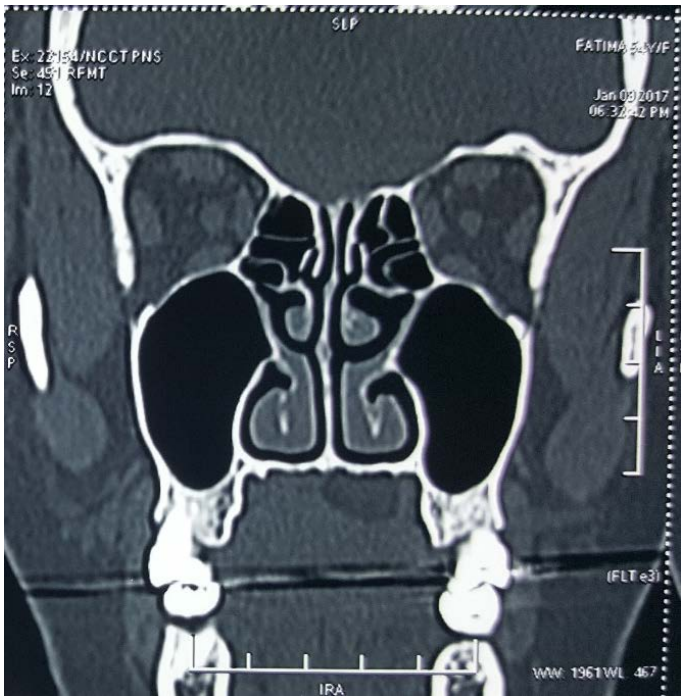

Figure 3 -CT scan revealing a well lobulated mass.

The excision of the lesion was planned under local anesthesia. A superficial, vertical incision was placed in the overlying mucosa at the most prominent part of the swelling (Fig 4). The mucosa was carefully undermined and separated from the underlying mass. A soft, globulated, yellowish mass was obtained which was

carefully dissected and excised in-toto and sent for histopathological examination (Fig 6). The underlying bone was not involved. The wound was irrigated and closure was done, after removing excess mucosa.

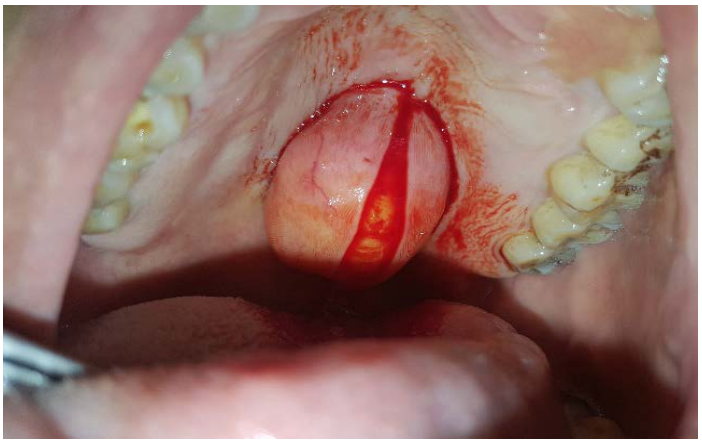

Figure 4: Vertical Incision placed

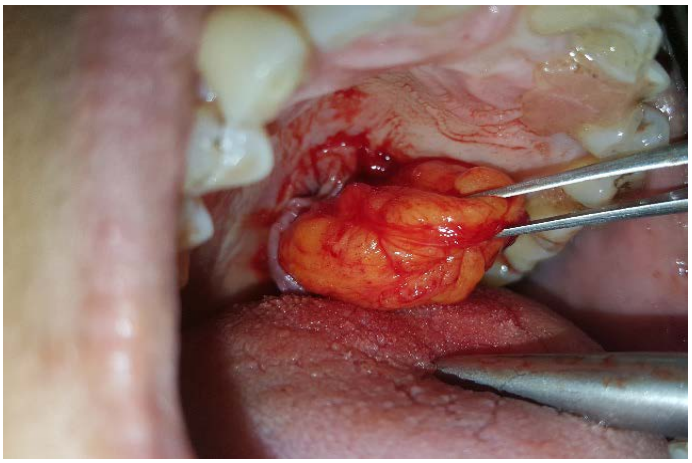

Figure 5: The mass being excised

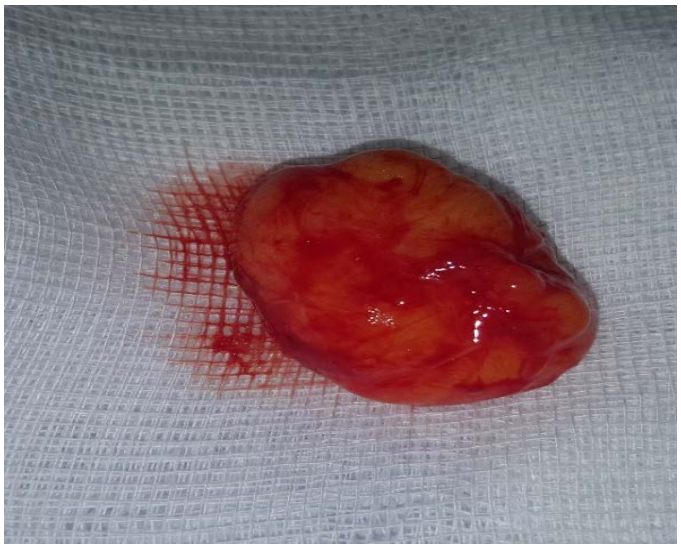

Figure 6: The excised mass

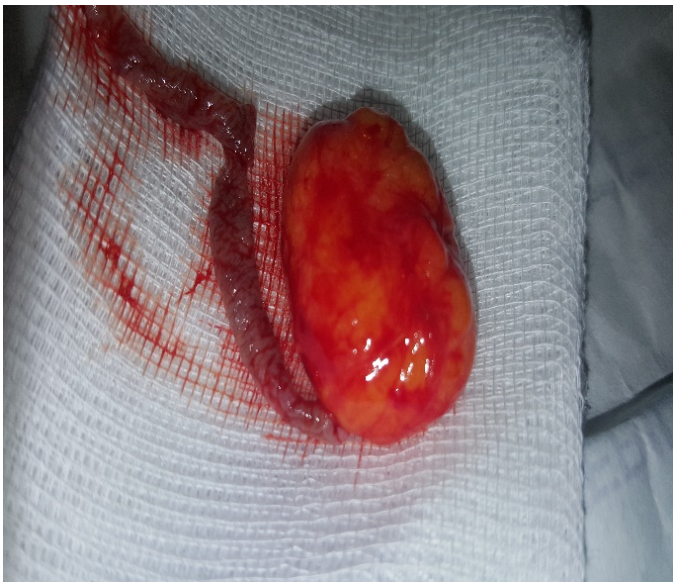

Figure 7: The excised mass with mucosa

The Histopathological examination reported proliferation of mature adipose cells with an abundance of collagen fibers in the lamina propria (Fig 8), leading to the diagnosis of fibro lipoma.

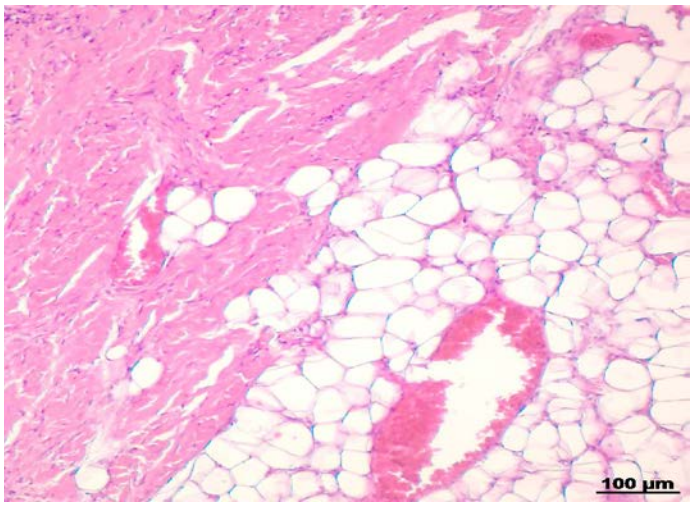

Figure 8: Histological aspect showing lamina propria formed by fibrous connective tissue and proliferation of mature adipose cells in the submucosa.

Discussion

Lipoma is a benign tumor that arises from mature adipose cells in the mesenchymal tissue and because of their abundance, it can occur in several soft tissues as retroperitoneum and the omentum. However, in the head and neck region, it is a lesion extremely rare reported in

hypopharynx, larynx, oral cavity, nasopharynx, and the retropharyngeal space. As there is little evidence of adipose tissue in the hard palate, it is not often its emergence at that site [4] as occurred in this case.

In the presented case the lesion had a pink-colored hue. However, it is common for lipomas to exhibit yellow color, which is characteristic of adipose tissue and is quite visible through the thin overlying epithelium. Clinically, differential diagnosis of lipomas includes dermoid cysts, ranulae, thyroglossal duct cysts, pleomorphic adenomas, ectopic thyroid tissues, mucoepidermoid carcinomas, angiolipomas, fibrolipomas, and malignant lymphomas.[5]

Patient was 54 years old. Typical fibrolipoma occurs in patients mostly between the ages of 40 and 60 years and it is very rare in the pediatric population.[1,2]

The ultrasound and magnetic resonance imaging can be used to differentiate an infiltrating lipoma from well-limited fibrolipoma that occurs as a hypodense homogenous mass[4]. In the presented case, radiograph and CT were important to delineate the limits of the lesion which would serve as a guide in performing the complete surgical resection of the lesion.

The most common histopathological type of lipoma is a simple lipoma. Other histopathologic types are fibrolipomas, angiolipomas, intramuscular or infiltrating lipomas, pleomorphic lipomas, spindle-cell lipomas, salivary gland lipomas (sialolipomas), and myxoid lipomas.[6]

Histologically, simple lipomas consist of mature adipocytes with uniform nuclei and scanty connective tissue; Fibrolipomas, on the other hand, consist of fat cells roughly scattered in wide bands of dense connective tissue. Simple lipomas have no site, age, or sex predilection, unlike fibrolipomas which are more frequent in the cheek mucosa and show a slight female predominance. Angiolipoma is a rare histological subtype that occurs due to overgrowth of vascular tissue and usually affects adolescent males and subjects in their early 20s. Myxoid lipomas of the oral cavity are rare. Microscopically, these lipomas were well-circumscribed and contain adipocytes in abundance which are of variable size and also a predominance of myxoid areas is seen. [7,8]

Another type is called the infiltrating type, due to its tendency to invade muscles or grow between the structures. Although uncommon in the oral cavity, it is difficult to treat due to its ability to infiltrate adjacent muscle and recur locally. Due to the infiltrating nature, it is sometimes confused with a liposarcoma.[6] However, both can be differentiated histologically as liposarcoma will have areas of lipoblastic proliferation, cellular pleomorphism, increased vascularity and mitosis, a feature that are not present in infiltrating lipoma. They can also be differentiated by immunohistochemical detection of the immune marker “al 2 protein,” which is expressed in lipoblasts of liposarcoma and will not be seen in infiltrating lipoma.[8]

Conclusion

The recurrence of lipoma is unlikely when there is the resection of entire encapsulated lesions but its follow up is necessary because of the possibility of transformation into a malign lesion[2]. In the present case, after for forty-three months of follow up there is no sign of recurrence of the lesion.

Treatment is indicated only when the tumor interferes with speech, mastication, or is cosmetically unacceptable.[8]

The treatment of oral lipomas regardless of the histologic variant is simple surgical excision.[8] The prognosis is good as recurrences are uncommon, but they may occur in the infiltrative variant.

References

1. Furlong MA, Fanburg-Smith JC, Childers ELB. Lipoma of the oral and maxillofacial region: Site and subclassification of 125 cases. Oral Surg Oral Med Oral Pathol Oral Radiol Endodontol 2004; 98: 441-50. [http://dx.doi.org/10.1016/S1079210404001805] [PMID: 15472660]
2. Taira Y, Yasukawa K, Yamamori I, Iino M. Oral lipoma extending superiorly from mandibular gingivobuccal fold to gingiva: a case report and analysis of 207 patients with oral lipoma in Japan. Odontology 2012; 100: 104-8. [http://dx.doi.org/10.1007/s10266-011-0027-0] [PMID: 21607594]
3. Christy W, Bojan A, Mathew B, Shanmugam S. Lipoma in the Palate: A Rare Presentation. J Ind Acad Oral Med Radiol 2010; 22: S51-2.
4. SY A, Nao EEM, Ndiaye M, Taddio JM, Pegbessou EP, Ndiaye C. Lipoma of the soft palate: A rare anatomo clinical entity. Euro Annals Otorhinolaryngol Head Neck Dis 2010; 127: 151-2. [http://dx.doi.org/10.1016/j.anorl.2010.05.001] [PMID: 20860925].
5. Ravi KA, Purnachandrarao NN, Samatha Y, Vijay KA, Kalyan KD. Intraoral lipoma: A rare case report and review of literature. J Clin Diagnos Res 2013; 12: 3090-1. [http://dx.doi.org/10.7860/JCDR/2013/6845.3863] [PMID: 24551738]
6. Fregnani ER, Pires FR, Falzoni R, Lopes MA, Vargas PA. Lipomas of the oral cavity: Clinical findings, histological classification and proliferative activity of 46 cases. Int J Oral Maxillofac Surg. 2003;32:49–53.
7. Manor E, Sion-Vardy N, Joshua BZ, Bodner L. Oral lipoma: Analysis of 58 new cases and review of the literature. Ann Diagn Pathol. 2011;15:257–61.
8. Naruse T, Yanamoto S, Yamada S, Rokutanda S, Kawakita A, Takahashi H, et al. Lipomas of the oral cavity: Clinicopathological and immunohistochemical study of 24 cases and review of the literature. Indian J Otolaryngol Head Neck Surg. 2015;67(Suppl 1):67–73