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Simple Lipoma Mimicking Oral Infiltrating Lipoma

Case Report

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ABSTRACT

Lipomas are common soft-tissue neoplasms, usually present on the trunk and proximal portions of the extremities and less frequently in the mouth. We report the case of a 51-year-old patient affected by an intra- extraoral swelling for eight months. Aspiration, surgical excision and histopathological examination confirmed that it was a simple oral lipoma, although clinically and surgically, it mimicked an infiltrating lipoma. Conservative surgical treatment, preferably using an intraoral approach, results in less morbidity and less sequelae for patients.

Physical examinations can greatly assist in the differential diagnosis of oral and maxillofacial swellings. When properly indicated, they avoid misdiagnoses and future iatrogenic procedures.

Lipomas are the most common soft-tissue neoplasms. They are of mesenchymal origin, benign and with no gender predilection, but carry a poorly established etiology.^[1-4] They are slow-growing, encapsulated and usually asymptomatic, with an evolution ranging from 15 days to 30 years.^[1,5,6] Maxillofacial

lipomas represent about 15% to 20%, and oral lipomas only 1% to 4% of all cases.^[4,6]

Microscopically, lipomas are classified as simple lipomas, fibrolipomas, spindle cell lipomas, intramuscular or infiltrating lipomas, angioliipomas, salivary gland lipomas, chondroid lipomas, pleomorphic lipomas and myxoid lipomas. The most common is simple lipoma.^[2-4] On histology, the simple lipoma is composed of mature adipocytes, subdivided into lobules by fibrous connective-tissue septa.

Infiltrating oral lipomas are extremely rare and appear to be larger and more deeply located than simple lipomas. In the oral and maxillofacial region, they can cause swelling and deformities due to their greater proximity to the skin and/or mucosa.^[5,7,8]

The aim of this study is to report a case of simple lipoma with the clinical and surgical features of an infiltrating lipoma, excised by intraoral access under local anesthesia.

Case Report

A 51-year-old female patient sought treatment with a complaint of a normal-colored, slow-growing, non-tender, soft and mobile mass present in the left genial region for eight months. She reported rare dysesthetic episodes (“shocks”). Medical and dental histories were insignificant (Figures 1, 2).

A 51-year-old female patient sought treatment with a complaint of a normal-colored, slow-growing, non-tender, soft and mobile mass present in the left genial region for eight months. She reported rare dysesthetic episodes (“shocks”).

Cone beam computed tomography showed a 4.15 cm x 2.25 cm hypodense, circular image without any bone or tooth erosion (Figure 3).

A needle aspiration was performed with negative result for liquid or semi-solid material, suggestive of a solid lesion. After physical and imaging examination, a surgical exploration under local anesthesia by intraoral approach was performed.

After mucosal incision in the inferior left buccal sulcus, a yellowish lesion, suggestive of a lipomatous lesion, closely related to the mental neurovascular bundle, was observed. An excisional biopsy was carried out based on all of the collected data. The whole lesion was carefully dissected to preserve the mental bundle as best as possible and sent for histopathological examination (Figure 4). The result, interestingly, was identified as a simple lipoma, composed of bundles of mature adipocytes (Figure 5). After six months, the patient returned without any signs of recurrence or mental nerve disturbance (Figure 6).

Discussion

In order to preserve anatomical structures and aesthetic features, orofacial lesions should be investigated as soon as possible through physical examination for differential diagnosis.

Large orofacial infiltrating lipomas are not well-encapsulated and can sometimes cause muscle dysfunction or neural symptoms due to the infiltration. This also led surgeons to consider



Figure 1. Clinical inferior view of swelling in left genial region.



Figure 2. Intraoral aspect of swelling in left lower vestibule.



Figure 3. CBCT showing well-defined, hypodense, oval-shaped image.



Figure 4. Lipomatous lesion fully dissected, preserving mental bundle.

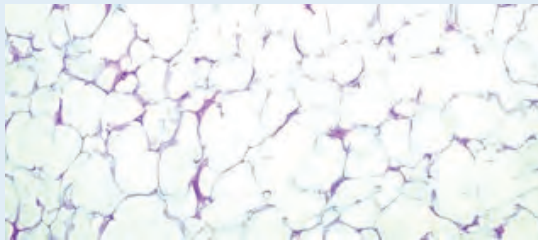


Figure 5. Histology showing mature adipose tissue.

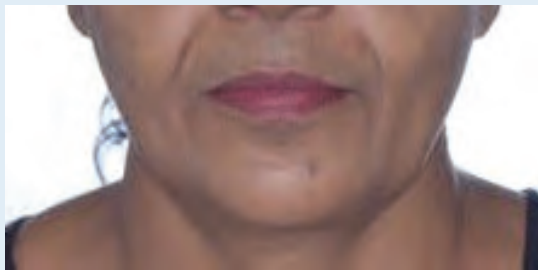


Figure 6. Clinical inferior view after six months of treatment.

alternative aesthetic surgical approaches, such as intraoral, as shown in this case.^[2] A complete histopathological scan of the whole surgical specimen is essential to confirm the diagnosis and rule out an atypical lipomatous tumor/well-differentiated liposarcoma, previously referred to by many as an atypical lipoma.^[9]

A higher rate of recurrence has been reported in infiltrating lipomas, perhaps attributable to the difficulty of surgical excision.^[7-10] Four of the 46 cases studied by Fregnani et al. (2003) diagnosed as infiltrating lipomas did not show recurrence after surgical treatment, and they also presented proliferative characteristics similar to simple lipomas. Interestingly, there is no consensus in the literature as to whether infiltrating lipomas really exist, or whether they are merely lipomas with retained muscle and/or neural fibers. Another point to note is that the reasons for higher rates of recurrence presented by some authors and low rates presented by others are not well-established.^[2,6]

Considering the lack of consensus regarding the existence of an “infiltrating lipoma,” some cases that have the clinical and surgical aspects of an infiltrating lipoma, histologically would be simple lipomas and vice versa. Further studies are needed to establish better parameters for an accurate diagnosis and to distinguish the biological behavior of different types of lipomas.

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Conclusions

Conservative treatment by intraoral surgical excision seems to be a safe and less invasive alternative for the treatment of oral lipomas. The surgery must be planned based on imaging exams to precisely locate the lesion, and during surgical dissection, blunt instruments are preferable in order to preserve associated anatomical structures. Even in cases of not well-encapsulated lesions, the clinical aspect provides a complete surgical removal with a good prognosis. //

Queries about this article can be sent to Dr. Rodrigues at mtadeuvr@gmail.com

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