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Fibrolipoma of Neck - A Case Report

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ABSTRACT

Introduction: Lipoma is the most common benign mesenchymal tumor of adipose tissue. Their occurrence in head and neck is relatively rare. Lipomas in the neck region are rare tumors that usually present as slowly growing painless masses, found in the lateral portions of the neck.

Case Report: Here, we report a case of lipoma lying over the right nape of the neck in a 26-year-old female. A pedunculated overgrowth which was gradually progressive in size with no other complaints. It was soft, mobile and non-tender. It was clinically diagnosed as fibroepithelial polyp and later on, histopathological examination was performed which revealed benign lipoma. Surgical excision is the elective treatment. However, an accurate differential diagnosis, postsurgical histological examination and careful follow-up are required. The purpose of this case report is to recognize rare lipomas that occur in unusual locations in the head and neck in order to identify them when they cause diagnostic problems.

Conclusion: Lipomas can occur in any site of the body, However, rare variants in unusual sites should not be ignored by clinicians and should be sent for histopathological diagnosis for a confirmed diagnosis.

Key Words: Lipoma, Lipomatosis, Head and neck neoplasms, Benign tumors, Fibrolipoma, Elective treatment

INTRODUCTION

Lipomas are common benign neoplasms derived from adipose tissue. The etiology of lipomas is uncertain, though metabolic and endocrine factors are debated. Sometimes there can also be traumatic factors attributed. They mainly affect the trunk region, shoulders, upper arms, and neck.¹

Lipomas are slow-growing, nearly always benign, adipose tumors that are most often found in the subcutaneous tissues. They are composed of mature white adipose tissue arranged in lobules, many of which are surrounded by a delicate fibrous capsule.

Lipomas can be histologically classified into classic lipoma and variant forms of lipoma, such as fibrolipomas, spindle lipomas, intramuscular lipomas, angiolipomas, salivary gland lipomas, pleomorphic lipomas, myxoid lipomas, and atypical lipomas.²

Lipomas, rarely can be associated with several inherited disorders, including hereditary multiple lipomatosis, Gardner's syndrome and Madelung's disease.

CASE REPORT

A 26-year-old female patient had reported to our Head and Neck center with a chief complaint of a growth in the neck for the past six years. The patient was asymptomatic, she had noticed a growth in the right side of the neck region, which began initially as a small nodule and then gradually increased to the present size. The growth was painless; however, the patient had some irritations and discomfort due to the growth. Surgical excision was made conventionally. (Fig 1 A & B)

On examination, a pedunculated overgrowth measuring about 5*5 cm was seen in the right nape of the neck.

Macroscopically, the mass was whitish brown in color, the outer surface was soft. Grossly, the specimen measured (1.5*2.5*0.9) cm³. Multiple sections were taken. All sections were stained by hematoxylin and eosin stain.

Histopathological examination revealed epidermis which was hyperplastic & hyperkeratotic. The underlying dermis

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was Fibro collagenous with areas of hyalinization intermixed with lobules of mature adipose tissue. Few inflammatory cells, capillaries and muscle fibers were also seen.

A follow up after 1 week was done to check healing. (Fig 2)



Figure 1A: Fibro lipoma in Nape of neck.



Figure 1B: Fibro lipoma surgically excised.



Figure 2: Post operative healing after surgery.

DISCUSSION

Benign lipomas are the most common soft tissue tumor in the body (5%), out of which 13% of lipomas occur in the head and neck. Amongst the head and neck lipomas, commonest location is posterior neck.³ There is an equal distribution between the sexes, with presentation most commonly in the fifth and sixth decade and in a subcutaneous location³

Lipomas are soft, mobile, non-tender slow growing masses. Lipomas can be singular or multiple & are asymptomatic unless they are large in size and compressing neurovascular structures. Besides producing aesthetic consequences, lipomas can also exert pressure on surrounding structures. In our case patient was totally asymptomatic with a small singular swelling in the nape of the neck.

Histopathological examination was done to confirm our diagnosis. It revealed lipoma. Final diagnosis of Fibrolipoma was given. According to the site, age, duration and symptoms of the patient, our differential diagnosis included Fibroepithelial polyp.

Common location for Fibrolipoma is back, arm, shoulder, anterior chest wall, thigh, abdominal wall, legs, forehead and face in decreasing order of frequency. There are reports of intra oral buccal fibrolipoma and in subclavicular regions impinging on nerve. Though cases diagnosed are commonly asymptomatic, when impingement of nerve persists, they may cause pain.⁴

Fibrolipoma may be located in all parts of the body and can be confused clinically with soft tissue mass.^{5,6} Surgical exci-

sion of lipoma is the treatment of choice.⁷ Mostly surgery is done for cosmetic reasons, but other indications can be large size causing pressure symptoms. Recurrences are very commonly observed. Although being an encapsulated mass, proper enucleation can prevent recurrence.

Conclusion: Lipomas can occur in any site of the body, However, rare variants in unusual sites should not be ignored by clinicians and should be sent for histopathological diagnosis for a confirmed diagnosis.

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