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Rare Unilateral Submucosal Lipoma of the Oral Cavity: A Case Report

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ABSTRACT

Introduction: Lipoma is a common benign tumour of soft tissue. Although a common occurrence in the trunk and proximal portions of extremities.

Aims: To signify the importance of diagnosis and that lipoma should be ruled out in case of any facial swelling in general dental practice.

Case Report: Only few cases of lipoma or its variants have been reported in the oral cavity, accounting to about 1 to 5 % of all the neoplasms of the oral cavity. Other benign connective tissue lesions such as granular cell tumour, neurofibroma, traumatic fibroma and salivary gland lesions (mucocele and mixed tumour) might be included in differential diagnosis.

Discussion: We here describe this rare occurrence, its clinical and histological presentation and emphasize on the possibility of a differential diagnosis for swelling in oral cavity.

Conclusion: In this study the importance of diagnosis and that lipoma should be ruled out in case of any facial swelling in general dental practice and that lipomas may show an increase in size, if left untreated.

Key Words: Tumour, Neurofibroma, Diagnosis, Neoplasms, Mandible, Salivary glands

INTRODUCTION

Lipomas are common tumours in the human body,^{1,2} but are less frequent in the oral cavity, comprising no more than 1-5% of all neoplasms.² They commonly occur in the fourth and fifth decades and generally with no gender predilection. Some studies, however, have shown a male predominance.^{3,4,5}

About 50% of the oral lipomas were reported in the cheek which is full of adipose tissue owing to adjacency to the buccal fat pad and their presentation on the lips, tongue, floor of the mouth, palate, vestibule, retromolar pad, mandible, salivary glands, gingivobuccal fold, parotid, masseteric region and neck, and pharynx/larynx, was rare.⁶

tory of insidious incidence, non reducing, soft, painless swelling for about 4 months. On examination, asymmetry was noted owing to a soft non tender fluctuant swelling on left side of face without any surface changes on skin of cheek or buccal mucosa. Ultrasonography was suggestive of circumscribed hypoechoic areas in the cheek with mild fluid accumulation.



Figure 1: Extraoral presentation of asymmetry on the left side of face.

CASE REPORT

A 42 year old female reported at the out-patient department with a complaint of asymmetry on face on the left side. His-

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Figure 2: Intra oral presentation showing swelling without associated changes in surface mucosa.

The patient was prepared for excision of lipoma as a chair-side procedure. An intra oral approach was done with an incision placed on mucosa and sub-mucosal layers followed by blunt dissection to reach the fat tissue. The tissue was freed of all surfaces and excised completely. Closure was done in layers to ensure elimination of dead spaces with resorbable sutures. The tissue sample on histopathological evaluation confirmed the working diagnosis, Lipoma.



Figure 3: Incision through mucosa to expose the lipoma.



Figure 4: (a) Excision of lipoma in-toto; (b) Excised lesion.

DISCUSSION

Lipomas of the oral cavity are relatively rare adipose mesenchymal neoplasms. Their overall incidence accounted for less than 4.4 % of all tumours diagnosed as benign oral mesenchymal neoplasms.² As recently reported that the causes of lipoma include heredity, fatty degeneration, hormonal abnormalities, injuries, infection, infarction, muscle cell metaplasia, and chronic irritation.^{6,7} Histopathological findings, lipomas and fibrolipomas are the most frequently reported that the histological variants in the oral cavity. In this case, the histologic sections showed adult adipocytes dispersed in a connective tissue background surrounded by a fibrous capsule. They present as slow growing asymptomatic lesions with yellowish color and soft, doughy feel, generally with no gender predilection.

Other connective tissue lesions such as granular cell tumour, neurofibroma, traumatic fibroma, and salivary gland lesions (mucocele and mixed tumour) might be included in the differential diagnosis. They may present as solitary or multiple lesions.^{1,2} Their clinical course is usually asymptomatic until they grow to large sizes. Their mean size is 20 mm⁸. Most remain non-ulcerated, but long standing lesions grow in size and hence might hinder with normal function like mastication and cheek and may also result in anterior open bite⁹ or other occlusal derangement.

CONCLUSION

The present lesion presented with an approximate dimensions of 4cm x 4cm, not associated with any functional disturbances. Surgical excision is the main treatment. Recurrence is reduced by wide surgical excision, as high as 62.5%.^{1,2} Histologic evidence confirmed encapsulation, hence lower chance of recurrence. Infiltrating lipomas are difficult to extirpate and are liable to recurrence.⁴ However, constant follow up to avoid recurrence or transformation is essential. The present case signifies the importance of diagnosis and that lipoma should be ruled out in case of any facial swelling in general dental practice and that lipomas may show an increase in size, if left untreated.

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