

Giant Neck Lipoma

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Abstract

Lipomas are the most common soft tissue tumours. Majority of these pose no problems and can be left alone. In case of lipoma leading to pain, progressive increase in size or for cosmetic reasons, these should be removed. Present a case of a giant lipoma in a male patient at the nape of neck which was 11cm x 9cm in size.

Clinical examination, followed by an ultrasonography and an FNAC showed lipomatous swelling. Excision of the lipoma was done under local anaesthesia.

Keywords: Lipoma, Mesenchymal, Excision

Introduction

Lipomas are soft tissue tumours arising from mesenchymal tissue. They are the most common soft tissue tumours, commonly found on trunk and

extremities. These are also found on head and neck, though cases of head and neck lipoma constitute 13% of all diagnosed Lipomas¹.

The cause and etiology of lipoma occurrence is usually attributed to trauma, genetic alterations and associated with some syndromes like Gardner Syndrome and multiple familial Lipomatosis. In addition, the mechanism of rapid growth into giant lipomas is unclear and is still under discussion².

Lipomas if asymptomatic and posing no problem can be left alone.

But if they are large, painful or causing cosmetic deformity, they can be excised.

Surgical excision through incisions made in the skin overlying the tumor is currently the treatment of choice for larger lipomas³.

Due to the encapsulated nature of the lipoma, surgical excision usually has good results.

After the complete excision of the lesion, the risk of local recurrence is less than 5%⁴.

Other methods used to remove lipomatous changes are liposuction, endoscopic removal and laser extirpation^{5,6,7}.

A potential link between trauma and lipoma formation has been postulated, hypothesizing trauma induces cytokine release that then triggers preadipocyte differentiation and maturation⁸.

A lipoma is usually diagnosed clinically. An ultrasonography and an FNAC may be done to confirm the diagnosis.

More frequently, Common lipomas frequently are diagnosed clinically and are sent for histologic examination after complete surgical excision.⁹

Imaging may be required in the following cases¹⁰

- Giant size (greater than 10 centimeters),
- Rapid growth
- Pain
- Fixation to underlying tissues
- Location in deep tissues, the thigh, or retroperitoneal space

Common locations for Lipomas are the back, arm, shoulder, anterior chest wall, breast, thigh, abdominal wall, legs, forehead and face, in decreasing order of frequency¹¹

Types of Lipomas¹²

- Conventional lipoma is most common form of lipoma.
- Atypical lipoma. These tumors contain deeper fat and a larger number of cells.
- Hibernoma contains brown fat instead of the mature white fat that's in a conventional lipoma.

- Myelolipoma. The fat tissue in a myelolipoma produces white blood cells, unlike in conventional lipomas.
- Spindle cell lipoma. As the name suggests, the fat cells in this growth appear spindle-like.
- Pleomorphic lipoma. This form of lipoma contains fat cells of varying sizes and shapes.
- Fibrolipoma. A fibrolipoma contains both fat and fibrous tissue.
- Angiolipoma. If your lipoma contains a large number of blood vessels as well as fat, it is an angiolipoma.

Case report

A 51 year old male, who was Hepatitis C positive, presented with a swelling over nape of neck.

The swelling presented about 15 years back and progressively increased to its present size of 11×9cm

Ultrasonography was done which showed hypoechoic lesion 11×9cm on right posterolateral aspect of neck with no areas of breakdown or vascularity most likely Lipoma.

FNAC showed mature adipose cells with no atypical cells.

Other investigations were:

Haemoglobin: 13g%

Tlc: 7700

BT: 2'10"

CT: 5'40"

PTI: 92.8%

Serology: HCV positive.

Urea: 26

Creatinine: 0.8

X-ray chest : Normal.

ECG: Normal.

Ultrasonography: showed heterogeneous hypoechoic lesion 11×9cm on right side of posteriolateral aspect of neck. (Figure 1 and 2)



Figure 1



Figure 2

Patient was taken up for surgery under local anaesthesia, in prone position.

Preoperative image was as follows (Figure 3):



Figure 3

Preoperatively, painting with 10% povidone iodine with patient prone, wearing PPE kit as patient was HCV positive



Figure 4: Painting with 10% povidone iodine.

Incision was made over the swelling and lipoma was separated from underlying muscle while maintaining haemostasis.

The whole lipoma was excised Enmass as a whole (Figure 5)



Figure 5

After lipoma was excised, subcutaneous tissue was stitched with vinyl 2-0. Skin was closed with interrupted sutures and tight dressing applied.



Figure 6: shows the skin closure after lipoma excision. The patient was discharged the next day. Stitches were removed on 10th postoperative day. Postoperative period was uneventful.



Figure 7: Wound scar after 14 days postoperatively.

Conclusion

Giant Lipomas are problematic because of their large size, pain and discomfort. Such Lipomas hence need to be excised. Encapsulated Lipomas on proper excision usually do not pose any complications.

References

1. El-Monem MHA, Gaafar AH, Magdy EA. Lipomas of the head and neck: presentation variability and diagnostics work-up. *J Laryngol Otol.* 2006;120(1):47–55.
2. Giant Lipoma in the Fronto-Temporo-Parietal Region in an Adult Man: Case Report and Literature Review.
3. Salam GA. Lipoma excision. *Am Fam Physician.* 2002;65(5):901–904.
4. Goldblum JR, Folpe AL, Weiss SW. *Enzinger and Weiss's Soft Tissue Tumors.* 7th ed. Elsevier; 2019. Authors Szewc M, Gawlik P, Żebrowski R, Sitarz R Received 31 July 2020 Accepted for publication 18 November 2020 Published 24 December 2020 Volume 2020:13 Pages 1015—1020 DOI <https://doi.org/10.2147/CCID.S273189>

5. Hallock GG. Endoscope-assisted suction extraction of lipomas. *Ann Plast Surg.* 1995;34(1):32–34. doi:10.1097/0000637-199501000-0000
6. Spinowitz AL. Liposuction surgery: an effective alternative for treatment of lipomas. *Plast Reconstr Surg.* 1990;86(3):606. doi:10.1097/00006534-199009000-00059
7. Lee SH, Jung JY, Roh MR, Chung KY. Treatment of lipomas using a subdermal 1, 444-nm micropulsed neodymium- doped yttrium aluminum garnet laser. *Dermatol Surg.* 2011;37(9):1375–1376
8. Aust MC, Spies M, Kall S, Jokuszies A, Gohritz A, Vogt P. Posttraumatic lipoma: fact or fiction? *Skinmed.* 2007 Nov-Dec;6(6):266-70. [PubMed]
9. Lichon S, Khachemoune A. Clinical presentation, diagnostic approach, and treatment of hand lipomas: a review. *Acta Dermatovenerol Alp Pannonica Adriat.* 2018 Sep;27(3):137-139. [PubMed]
10. Lipoma Kolb L, Yarrarapu SNS, Ameer MA, et al. Kolb L, Yarrarapu SNS, Ameer MA, et al. Lipoma. [Updated 2021 Dec 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan
11. Rapidis AD. Lipoma of the oral cavity. *Int J Oral Surg* 1982; 11:30-5.
12. Lipoma (Skin Lumps) Medically reviewed by Amanda Caldwell, MSN, APRN-C — Written by Kristeen Moore — Updated on December 14, 2021