

Lipoma of the Lower Lip- A Case Report

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Abstract

Lipomas are rare intraoral tumors. The usual lesions consist of a well circumscribed, lobulated mass of mature fat cells. We present a rare case of lipoma affecting the lower lip of a 55-year old male patient. The surgical excision of the lesion was done as a treatment modality.

Keywords: lipoma, lower lip, intraoral

Introduction

Lipomas are benign mesenchymal tumors of mature adipose tissue, rarely seen in the oral cavity. In 1948, Roux first described the oral lipomas and named them as 'yellow epulis'.¹ The overall incidence in the oral cavity is thought to be between 1% and 4.4% of all benign oral lesions.^{2,3} It is usually single in number but multiple head and neck lipomas may be observed in neurofibromatosis, Gardner syndrome, encephalocraniocutaneous lipomatosis, multiple familial lipomatosis and Proteus syndrome.

Case Report

A 55-year old male patient reported to the department of oral and maxillofacial surgery of our institution with a chief complaint of an asymptomatic swelling in lower lip region since 3 years. It was sudden in onset and gradually increased in size to the present state. On examination, a diffuse swelling of size 1cmx2cms was observed in lower lip region on the left side. The overlying mucosa was normal without any ulceration or discharging sinus. The swelling was soft, mobile and non-tender on palpation and the margins were slippery under the palpating finger. No fluid could be detected by needle aspiration. A provisional diagnosis of intraoral lipoma was established.

Surgical excision of the lesion under local anesthesia was planned after normal routine laboratory investigations. Infiltration anesthesia around the lesion was administered followed by an incision and subsequent removal of the complete lesion. The lesion was encapsulated aiding in the

proper separation from the surrounding tissue and proper excision.[Figure 1,2]

After removal of the lesion, the piece was placed in the container with water where it floated, showing the diagnosis of lipoma front of this peculiarity and clinical evidence.[Figure 3] The specimen was then transferred to the formaldehyde solution 10%, and sent to pathological examination, where the material was processed and examined, confirming the diagnosis of lipoma. The postoperative healing was uneventful. There was no episode of recurrence during a follow up period of 3 years.

Discussion

Lipomas develop mostly in the subcutaneous tissues and rarely in deep tissues. They most commonly involve the trunk and limbs of the body, and seldom the oral and maxillofacial region.^{4,5} The peak of incidence is usually in the fifth or sixth decade of life.⁶ The female to male ratio for all lipomas is 2: 1, but oral lipomas occur more in men than in women (1.5: 1) or have no gender predilection. The incidence of oral lipomas is more in buccal mucosa and vestibule, followed by the salivary glands, lip, tongue, palate and floor of mouth.⁷ The patient in the present case was a male in the fifth decade of his life who presented with a lipoma in the lower lip.

In most cases, the size of the lesion is less than 3cms, but can increase upto 5-6cms over a period of few years.⁸ Although benign in nature, their increased growth may cause interference with speech and mastication due to tumour's dimension. The etiology of lipomas is uncertain and varies from the differentiation of multipotent mesenchymal cells in fat tissue, cartilage, and bone to metaplasia of a pre-existing lipoma.

The clinical features of lipoma vary according to their rate of growth, size, and location. The usual complaint is of a painless palpable mass, as was in our case. There is seldom dysfunction of an involved muscle. A

characteristic feature is a change in consistency and form of many of these lesions during contraction of involved muscle. The tumor is soft and flat when the muscle is relaxed and becomes firm and more spherical when muscle contracts.⁹

Imaging techniques, such as, computerized tomography (CT), magnetic resonance imaging (MRI) and ultrasonography may be necessary in cases with adherence to adjoining structures.⁷

Histologically, lipomas can be classified into the following microscopic subtypes: simple/classic lipomas, fibrolipomas, spindle cell lipomas, intramuscular or infiltrating lipomas, salivary gland lipomas, myxoid lipomas, and atypical lipoma.¹⁰ More than 80% of all intraoral lipomas are seen to be the classic type as was seen in the present case.

Surgical resection is the main treatment for lipoma. The complete resection should be emphasized to avoid recurrence. Well encapsulated lipomas, as the present case, easily shell out with no possibility of recurrence or damage to the surrounding structures.⁹ The prognosis of this tumor is good. Long-term follow-up is advisable.

Conclusion

Lipoma is a potential differential diagnosis of various intraoral swellings. Proper examination and investigations may lead to diagnosis. Surgical excision of the lesion remains the mainstay for the treatment.

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Figures

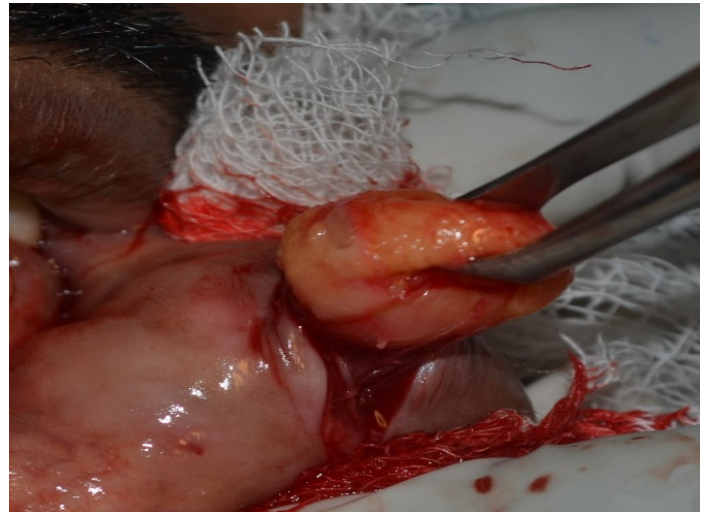


Figure 1. Surgical excision of the lesion



Figure 2. Excised mass

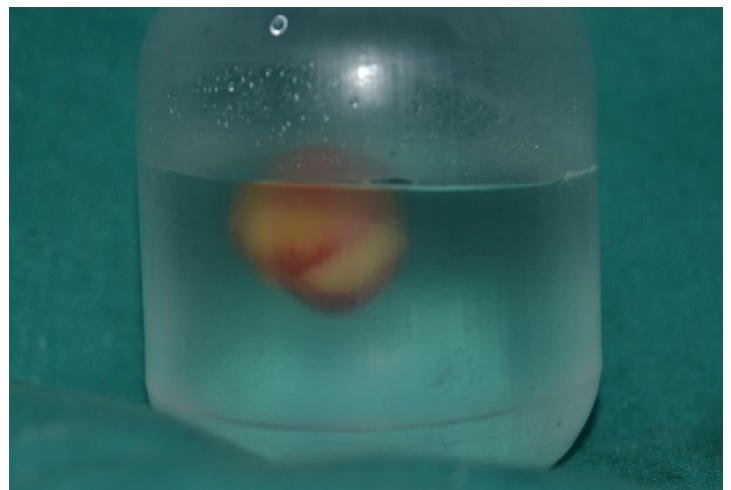


Figure 3. Specimen floating in the container with water