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Bilateral Subcostal Giant Lipoma

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Abstract

Lipomas are benign mesenchymatous soft tissue tumors occurring mostly in the subcutaneous areas of the body. They are usually asymptomatic painless swellings, presenting with a large size in adults. Giant lipomas are rarely reported in adults as well as in children. A case of bilateral giant subcostal lipoma has been reported here.

Keywords: Giant lipoma, benign tumor, excision

Introduction

Lipomas constitute 16% of all benign mesenchymal neoplasms, most commonly occurring in adults, less than 5% occur in children. Usually asymptomatic and are able to grow to large size and hence might present late due to compression, pressure or cosmetic disfigurement. Although any region of the body can be affected, the head, neck, shoulders and backs are affected more commonly. As per definition 'Giant Lipoma' is, when it's size is more than 10 cm or its weight more than 1kg.[1,2]

Case report

A 33-year-old male with no comorbidity presented with bilateral subcostal swelling.

Swelling was present for 3years gradually increased in size to present size of 11*11cm on left side and 12*10cm on right side.

Ultrasonography showed large (>10cm) well defined heterogeneously hyperechoic lesion in sub-cutaneous plane on both sides in subcostal region likely lipoma.

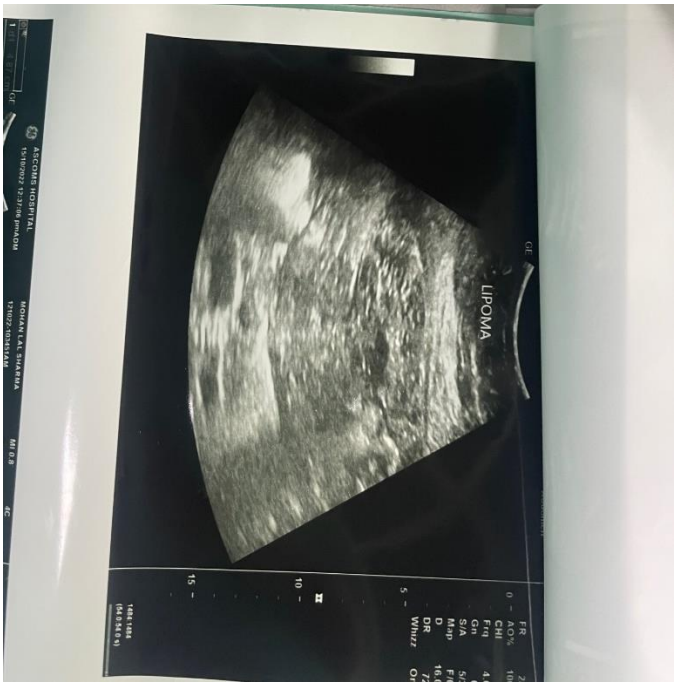

Figure 1:

Figure 2:

Patient was taken for surgery under general anesthesia in supine position

Preoperative images was as follows;

Figure 3:

Figure 4:

Figure 5:

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

Excision of the whole lipoma was done.

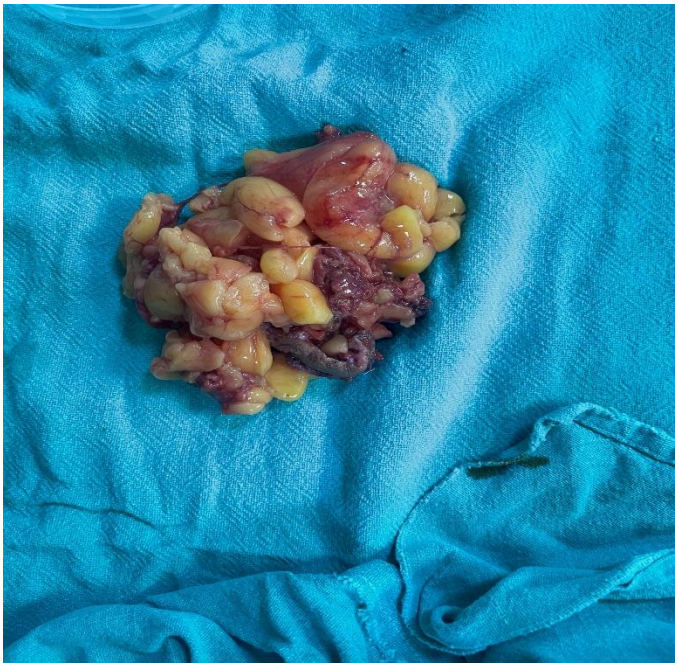

Figure 6:

Figure 7:

Figure 8:

After lipoma was excised skin was stitched with 1-0 silk bilateral, suction drain was kept in right subcostal region Drain was removed on 3rd post operative day and patient was discharged on 4th post operative day Suture was removed on 14th post operative day Post operative period uneventful Histopathology report showed lipoma

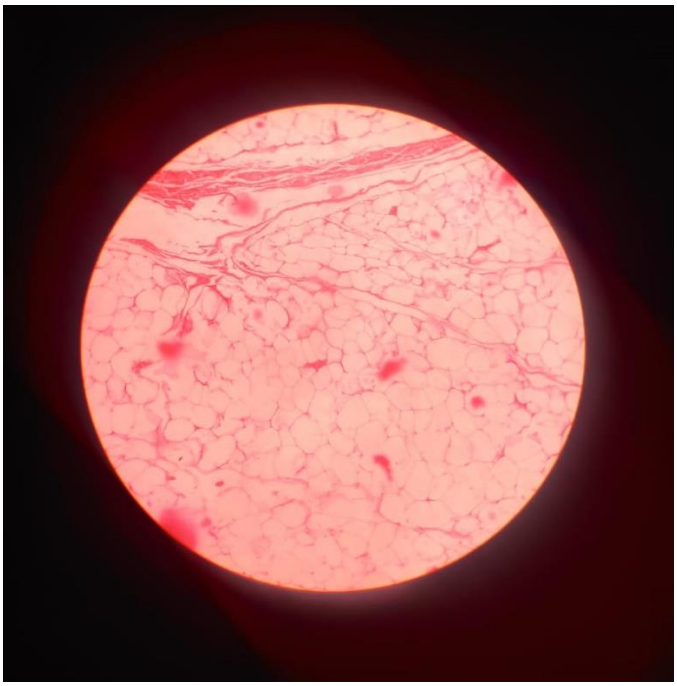

Figure 9:

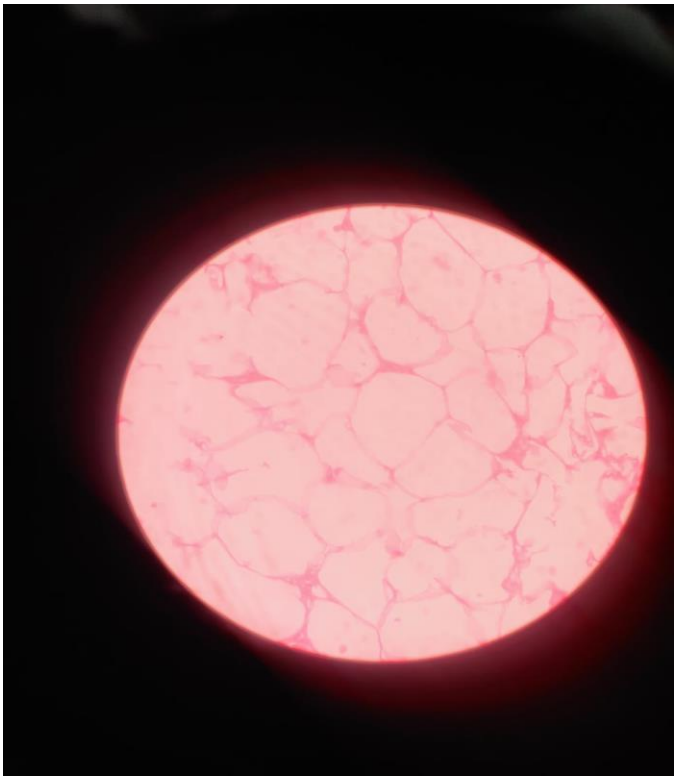

Figure 10:

Review of Literature

Most lipomas are benign and can occur alone or in multiple locations. Lipomas can arise spontaneously or as part of a syndrome such as hereditary multiple lipomatosis, adiposis dolorosa, Gardner's syndrome and Madelung's disease (3). A peak incidence of lipoma formation is noted in the fifth and sixth decades of life, and lipomas are more common in obese individuals (4). Multiple lipomas (lipomatosis) are more common in men (5). Lipomas are composed of physiologically distinct mature adipocytes; its lipids are not available for metabolic utilization. This, along with their autonomous growth, allows their classification as a benign neoplasm. Differentiating a lipoma from a well-differentiated liposarcoma may represent a challenge for the pathologist. The absence of vacuoles in the irregularly shaped nuclei and increased size of the cells are some of the characteristics that may guide the pathologist toward the diagnosis of a well-differentiated liposarcoma. Conventional lipomas have characteristic chromosomal abnormalities. For example, conventional lipomas often show chromosomal rearrangements of 12q14–15, 6p and 13q.9(6,7)

Surgical excision is the treatment of choice when the patient is symptomatic and also for cosmetic purposes. Marginal excision is described for well-circumscribed lesions and wide excision with free margin is necessary for the infiltrative types, which will help in preventing recurrences (8) One of the primary reasons for the recurrence of lipomas is thought to be due to incomplete removal of lipoma during surgery. Recurrence can occur many years after excision ranging from 14 months to 19 years. (9,10)

Liposuction is sometimes preferred to excision because it causes less scarring (11,12). The recurrence rate may be higher compared with excision if residual tumour, including the capsule, remains after the procedure. Steroid injections are often used for the treatment of smaller lipomas, but may require several injections and may depigment the overlying skin. Surgical excision remains the treatment of choice for lipomas. Some of the most common complications from surgical excision include hematoma, ecchymosis, infection, deformity, damage to adjacent structures, excessive scarring and fat embolus. Recurrence after excision occurs in less than 5% of cases depending upon location and extent of the resection (13.14)

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