

*Prikaz bolesnika/
Case reports*

ORAL LIPOMA: CASE REPORT
ORALNI LIPOM: PRIKAZ BOLESNIKA

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analysis

Cljučne reči

lipomi, oralna šupljina, oralni lipom, pod
usta, ekscizija, histopatološki nalaz

Abstract

Introduction: Lipomas belong to the group of common benign tumors in humans. However, they are a relatively rare occurrence in the oral cavity. Oral lipomas are most commonly found on the buccal mucosal membrane, tongue, floor of the mouth or the lips. Oral lipomas are slow-growing tumor enlargements with soft consistency, rich histological sub-types of which some may have malignant epithets **Case report:** This paper discusses a case of the lipoma of the floor of the mouth linked with speech and mastication difficulties in a female in her forties. The tumor was completely removed and sent for histopathology analysis confirming that the lesion belongs to the group of simple lipomas. **Conclusion:** Clear boundaries of the mouth floor swelling must not relativize potential severity of disease. This tumor must be removed in its entirety and sent to histopathological examination in order to determine a final diagnosis and future therapy.

INTRODUCTION

Lipomas are common benign soft tissue changes in mature fatty tissue, found in the region of chest, neck, shoulders and the axillary region. However, they are rare in the oral and maxillofacial regions. They make up for 1-5% of tumors ⁽¹⁾. Lipomas of the oral cavity can appear anywhere, most frequently in places with the highest quantity of fat tissue sediments i.e. the buccal mucosal membrane, tongue, and floor of the mouth ⁽²⁾. Oral lipomas are isolated, slowly-growing tumors of the mature fat tissue, soft, with a rich capillary network. In most cases they do not cause any subjective difficulty except in cases of extreme grow, when difficulties in speaking and swallowing are seen. Oral lipomas were first disciribe by the French surgeon Philbert Roux in the 1848 ⁽³⁾ who called the removed mass as „yellow epulis”.

According to the findings of WHO ⁽⁴⁾ lipomas are classified as simple lipomas, lipoblastome, myolipomas, fibrolipomas, chondrolipomas, angyolipomas, spindle cell lipomas (pleomorphic lipoma) and hibernioma depending on histopathological analysis. In histological terms, lipomas consists of mature fat tissue and are usually well encapsulated. Sub-histological diversity is indicated by the presence of bundles of fiber, a mature capillary network atypical mitotic activity which sometimes causes confusion, due to potential emergence of liposarcoma ⁽⁵⁾.

Case report

Female patient in her forties came in with a prominent painless swelling in the lateral area of the oral cavity floor. Lasting for two years. Subjectively, the patient complained of speaking and swallowing difficulties. Clinical examination revealed the presence of a soft, consistent growth, contents of which had suppress excretory duct of salivary gland towards to medial line. Palpatory examination revealed a swelling of relative soft consistency, clearly the limited by adjacent structures (Fig. 1). Aspiration reveled no content. The clinically examination did not find any links with neighboring teeth.

By means of surgical excision, the tumor (together with capsule) was removed in toto (fig. 3) with diameter 25-30mm. During the preparation phase special attention was paid to the protection of Varthon's duct as well as the lingual nerve. The wound was stitched up with individual stitches and drained. The post operative phase when well. The drainage and stitching were removed after seven days. The tumor was examined fully.

Pathohistological analysis confirmed the findings of the simple form of lipoma (lipoma simplex) with mature fatty cells (fig4).



Fig. 1. Clinical view of the swelling on the mouth floor.

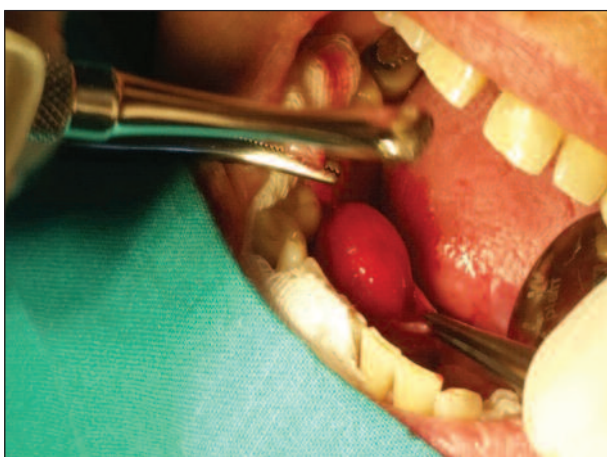


Fig. 2. Intraoperative view of the swelling.



Fig. 3 - Specimen of the removed tumor.

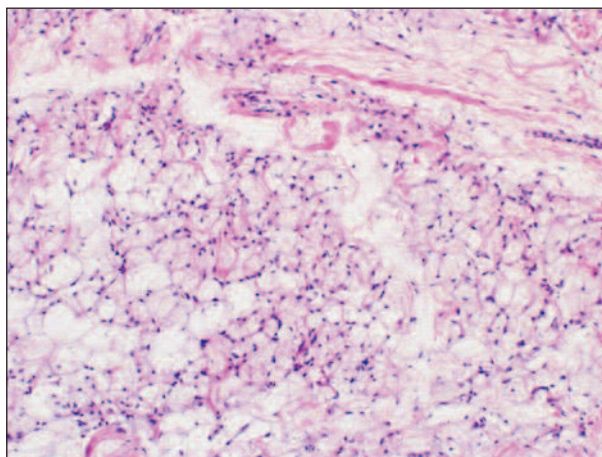


Fig. 4. Histological view of the lipoma simplex with mature fat cells.

DISCUSSION

The presence of slowly growing, painless, swelling, in the oral cavity requires a comprehensive examination on the part of oral surgeons. A complete clinical examination together with an all-ands compassing anamnesis and appropriate scans of the jaw should help narrow down a potential differential clinical diagnosis. In the process of differential diagnosis one should include lesions which are inflammatory, infectious, developing and neoplastic. The infection process is less likely as it is manifested by general signs of infection and dental causes as well as pain as dominant complained. The inflammation cause by obstruction of excretory duct of salivatory gland (like in the case of ranula) is ruled out by specific clinical features. Development lesion such as epidermoid and dermoid cysts occur in medial line of the floor of the mouth but the dominant manifestation appears on the neck. Ones the above-mentioned lesions are ruled out the attention should be focus towards neoplastic changes. The differential diagnosis of oral lesions includes lipomas, fibromas, hemangiomas, neuromas and other neoplasms with similar clinical feature. This is why the histopathological analysis remained the golden standard in determining the correct diagnosis. The histopathological analysis of the reported case has reveled the existent of simple subtype of lipoma (lipoma simplex). Etymology of lipomas similar to most other tumors remains in deep recesses of scientific thought, although two theories stand out: hypertrophic and metaplastic theory. Hypertrophic theory basically suggest

that obesity and spontaneous growth of cells of fatty tissue can be the cause of this lesions. This theory is less convincing in explaining the occurrence of lipoma in places where there is no fat tissue. Metaplastic theory assumes that lipomatose proliferation can be caused by an atypical transformation of local cells of mesenchyme in to lipoblast cells, since it is well-known that fat tissue maybe the result of connectivity tissue susceptible to mutation. The authors of this theory state that this benign lesion are in fact development anomalies originating from embryonic multipotent cells which remain sub-clinically dormant until they develop in to cells of fat tissue under the influence of hormones during adolescence (6). In addition, chronic inflammation or trauma can trigger proliferation of soft tissue.

Treatment of lipoma is always surgical and comprises complete enucleating.

CONCLUSION

Ignored by academic community, neglected in literature, the oral lipoma together with its histological sub-types requires greater attention and prudence on the part of oral surgeons as well as pathohistologist. This benign neoplastic development which appears harmless, could also be a liposarcoma. Precisely due to this possibility, albeit rare, pathohistological analysis is of utmost importance as pathway towards the final destination of future treatment.

Sažetak

Uvod: Lipomi pripadaju grupi čestih benignih tumora koji pogađaju ljudsko telo. Međutim, oni su relativno retki u oralnoj šupljini. Oralni lipomi se najčešće nalaze na bukalnoj sluzokoži, jeziku, podu usta ili usnama. Oralni lipomi su sporo rastuće tumorske izrasline meke konzistencije, bogate histološke slike od kojih neke mogu imati i maligne epitete. **Prikaz bolesnika:** U radu je prikazan slučaj lipoma poda usta povezanog sa otežanim govorom i mastikacijom kod žene četrdesetih godina. Tumor je kompletno ekscidiran i poslat na histopatološki nalaz koji je potvrdio da lezija pripada grupi jednostavnih lipoma. **Zaključak:** Jasne granice tumora poda usta ne smeju relativizovati problematiku oboljenja. Ova promena mora biti uklonjena u celosti i poslata na histopatološki nalaz radi uspostave konačne dijagnoze i utvrđivanja dalje terapije.

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