

Subcutaneous Fibrolipoma of back of the head: A Case Report

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ABSTRACT:

Lipoma is a benign tumor most frequently found in almost all anatomical sites that have adipose tissue in their structure. Usually asymptomatic but, functional and cosmetics disabilities can be related. Hence, correct histopathological examination of lipomas is important. Fibrolipoma is one of the rare variant of the lipoma and very few cases have been reported in the back side of the head. This case report describes a case of 72-year old male with fibrolipoma of the back of the head with a relevant review of the tumor.

Keywords : *Lipoma; Fibrolipoma; Adipose tissue.*

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Ethical clearance: consent has been taken from the patient.

WHOLE PAPER:

SUBCUTANEOUS FIBROLIPOMA OF BACK OF THE HEAD: A CASE REPORT

INTRODUCTION:

Lipoma is a benign tumor most frequently found in almost all anatomical sites that have adipose tissue in their structure. According to a histological criterion, the World Health Organization (WHO) classifies lipomas in: conventional lipomas, fibrolipomas, angioliipomas, pleomorphic lipomas/spindle cell, mixoliipomas, condrolipomas, osteoliipomas, mioliipomas, lipomatosis, lipomatosis of the nerve, lipoblastomas, and hybernomas.¹

CASE REPORT:

A 72 year old male patient reported to the outpatient department of Rama Dental College, Kanpur with a swelling on right back of the head region. The swelling was first noticed 5 years back ago which showed slow continuous gradual enlargement causing discomfort. Clinical examination revealed a skin colored, ovoid, smooth sessile swelling of 4.0 X 4.0 X 3.5 cm³ size. The lesion on palpation was found to be soft, fluctuant in consistency and mobile in nature. A clinical diagnosis of lipoma was made. The tumor was excised and the tissue was sent for histopathological examination to the department of oral pathology. Macroscopic examination revealed one soft tissue of creamish white colored, firm in consistency, smooth surface and measuring 3.8 x 3.8 x 3.2 cm³. Microscopic findings revealed the presence of a normal orthokeratinized squamous cutaneous epithelium with hair follicles and appendages. The connective tissue stroma is predominantly mature dense fibrous type with less cellularity with moderate chronic inflammatory infiltrate. In the deeper layers abundance of adipose tissue is evident. The fibrous connective tissue stroma is densely packed

and arranged in the form of fascicles with few plump to spindle shaped fibroblast. The adipose tissue is composed of univacuolated, mature polygonal cells with eccentrically placed nucleus and these adipose tissue cells are arranged cohesively in form of bundles few chronic inflammatory cells infiltrate and compressed blood vessels engorged with RBC's were also evident in the connective stroma. Correlating with the clinical and with histopathological examinations, the above lesion was suggestive of Fibro-lipoma.



Figure 1-Showing fibrolipoma of back of the head.

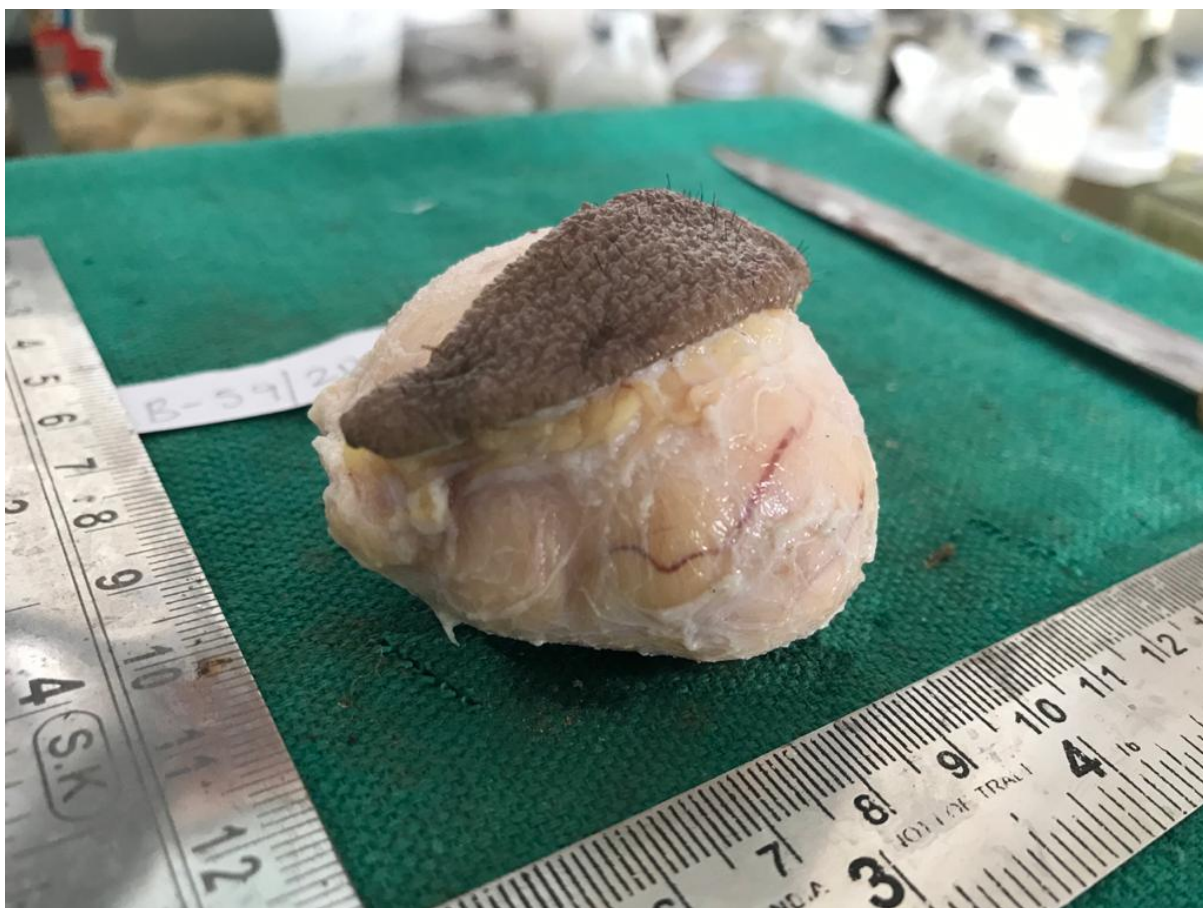


Figure 2- Excised lesion

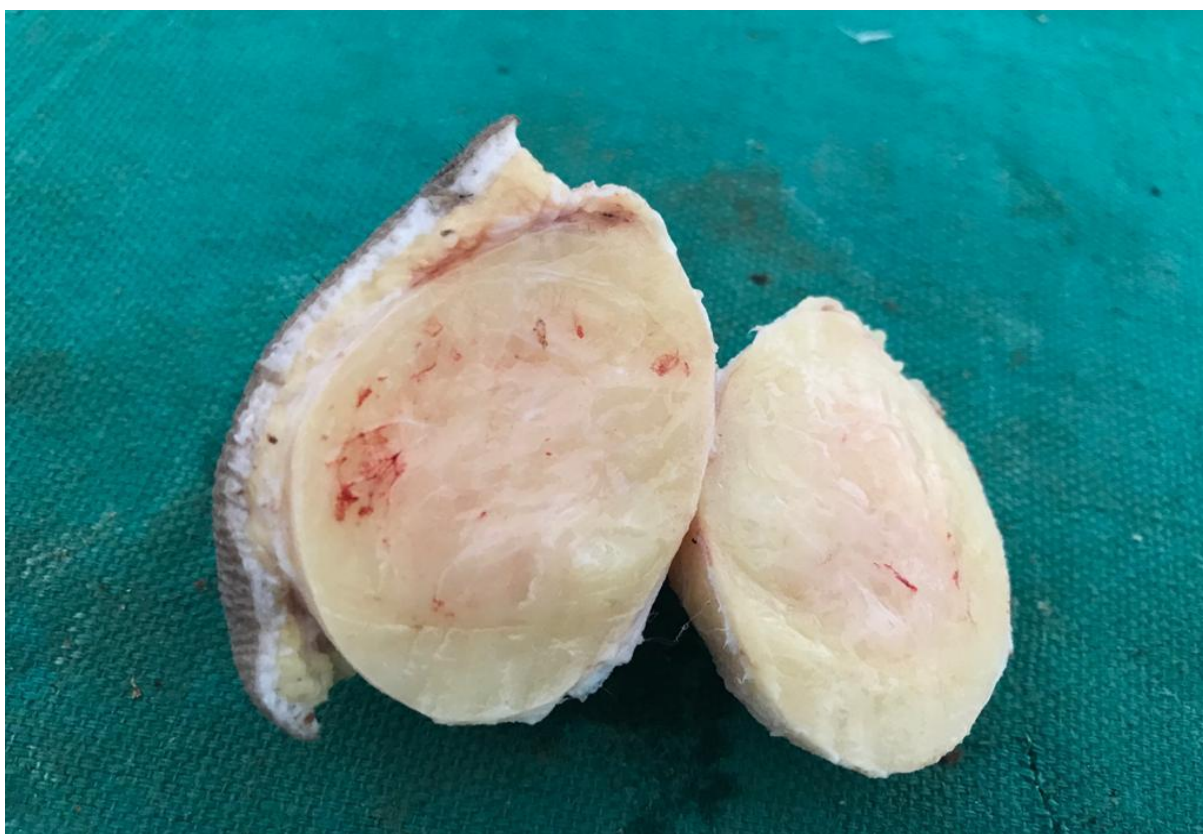
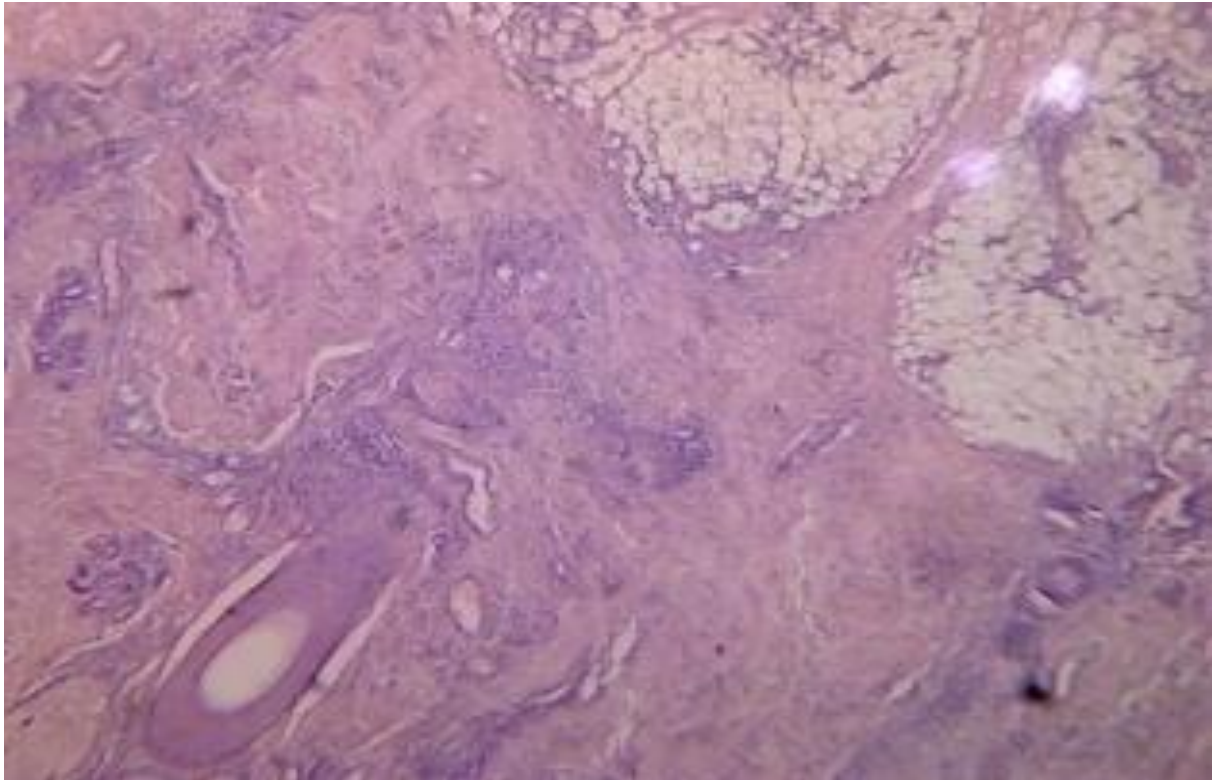


Figure 3- After bisecting the lesion.**Figure 4-Histological appearance of fibrolipoma [H & E X10]****Discussion:**

Lipomas are the most common benign tumors which occur in all anatomical sites that comprise adipose tissue in their structure. They can occur anywhere in the body and earn the title of “universal tumor” or “ubiquitous tumor.”² . The first description of oral lipoma was given by Roux in 1848 and referred to as “yellow epulis.”³ They are usually found as long-standing soft nodular swellings covered by normal mucosa. The lipoma lesion can occur almost anywhere in the body; oral lipomas predominantly affect the buccal mucosa, lips, tongue, palate and floor of mouth.⁴ Histologically, classic lipomas are composed of mature adipose tissue with true lipoblasts showing no cellular atypia. Adipose tissues can be admixed with other mature benign mesenchymal tissue thus, necessitating sub-classification.⁵ A number of microscopic variants have been described. The most common of these is the fibrolipoma, characterized by a significant fibrous component intermixed with the lobules of fat cells. The angiolipoma consists of an admixture of mature fat and numerous small blood vessels. Myxoid lipoma exhibits a mucoid background and may be confused with myxoid liposarcomas. The spindle cell lipoma is another variant that demonstrates variable amount of uniform appearing spindle cells in conjunction with a more typical lipomatous component. Pleomorphic lipomas are characterized by presence of spindle cells and bizarre hyperchromatic giant cells. Intramuscular lipomas are often more deeply situated and have an infiltrative growth pattern that extends between skeletal muscle bundles.⁶

Classic lipoma comprises the majority but few authors have found equal incidence of lipomas and fibrolipomas.⁷ This could be due to different histological finding. In this case, adipose

cells were surrounded by dense collagenous bundles showing characteristics of classical fibrolipoma.

It has been suggested that fibrolipoma arise from the maturation of the lipoblastomatosis which is an infiltrative type of benign neoplasm with lobules of immature fat cells separated by connective tissue septa and areas of loose myxoid matrix. Further, maturation of both adipose and fibrous tissue results in mature strands of collagen separating fat cells into lobules.⁸ Fibrolipoma is a microscopic variant of lipoma characterized by a significant fibrous component intermixed with lobules of fat cells.⁶ The consistency of this lesion varies from soft to firm, depending on the quantity and distribution of fibrous tissue and the depth of the tumor.⁹

The treatment of lipomas including fibrolipoma is usually surgical excision.

CONCLUSION:

Lipomas in head and neck region are usually slow growing and benign in nature ie no symptoms. Most of lipomas develop in the subcutaneous tissues but deeper tissues may be involved as well. The knowledge and prompt treatment of tumors in this region is important. The complete resection should be recommended, to avoid recurrence.

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