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Intraoral Lipoma: Rare Case report with clinical and histopathological study

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ABSTRACT

Lipoma, a benign tumor of adipose tissue is one of the most common benign neoplasms of the body. However, lipomas in the oral and maxillofacial region are rarely encountered. It accounts for 1 to 4% of benign neoplasms of mouth affecting predominantly the buccal mucosa, floor of mouth and tongue. We report a case of intraoral lipoma in buccal vestibule in which surgical excision was done under local anaesthesia.

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1. Introduction

Lipomas are the most common soft tissue mesenchymal neoplasms rarely seen in the oral cavity (1–4% cases).[1] The most common intraoral site for lipoma is buccal mucosa, floor of mouth and tongue. The lesions are commonly seen in adults with equal distribution in males and females.[2] Clinically, oral lipomas are seen as yellow (superficial) or pink (deep) soft. Most of the lesions are less than 3 cm in size that might be sessile or pedunculated. Typically the lesion is asymptomatic unless traumatized during mastication or become noticeable due to their large size. Here, we present a case of intraoral lipoma in a young adult male.

2. Case report

A 20-year-old male reported with the complaint of swelling in lower right buccal vestibule since 6 months. The patient first noted a small soft swelling in the mouth 6 month back which gradually increased to the present size. There was no pain and discharge was noted. There was no history of rupture and reappearance.

On examination, an oval-shaped sessile swelling was noted in right lower buccal vestibule extending from 2nd premolar region to mesial side of 2nd molar region (Fig. 1). The overlying mucosa was apparently normal with slight yellowish discoloration. On palpation, the swelling was non-tender, mobile and slippery in nature, non-reducible and not attached to superficial and deep tissue.

A differential diagnosis of lipoma, epidermoid, mucocele and fibroma was made. On aspiration, there was no fluid evacuated. The lesion was surgically excised under local anaesthesia. The gross specimen was non-capsulated, soft and yellowish in appearance (Fig. 2). The specimen was sent for histological examination. The H&E stained tissue section showed predominantly fibrous connective tissue stroma, large number of adipose cells with eccentrically placed nuclei, divided by fibrous septa which were capsulated (Fig. 3). The patient was advised for a regular follow-up.

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Fig. 1 – Intraoral view of the lesion.



Fig. 2 – Gross specimen after excision.

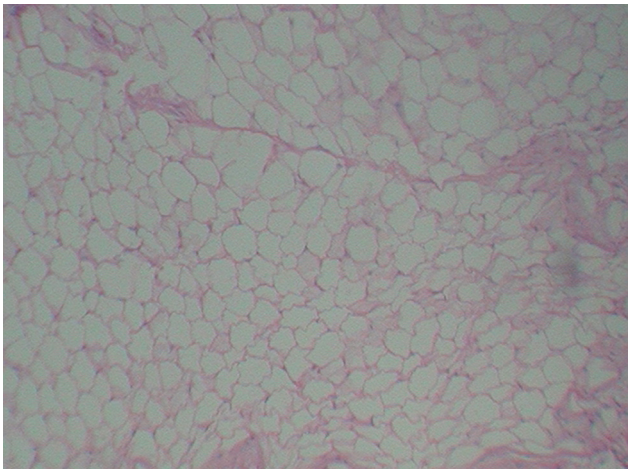


Fig. 3 – Histopathological examination of the lesion (10×).

3. Discussion

The lipomas occur most often in patients older than 40 years; however, in our case the lesion was seen in young adult. Since, the buccal mucosa is the region where there is abundant fatty tissue, it is reported to be the most common location of lipomas which occur in the oral cavity.[3] In our case, the lesion was present in lower buccal sulcus, which is not so common intraoral site for lipoma.

Clinically, oral lipomas generally present as mobile, painless submucosal nodules, with yellowish tinge, as observed in our cases. The diagnosis was partly based on clinical examination of the lesion as the slippery nature of the mass and yellowish tinge were highly indicative of lipoma. Although, the final diagnosis could be made by the typical nature of the gross specimen, the microscopic examination was also done to confirm the findings. Lipomas can be classified on the basis of histological features as classic lipoma, fibro lipoma, angiolipoma, spindle cell lipoma, and pleomorphic, myxoid, sialolipoma, and intramuscular lipomas.[4]

The occurrence of multiple lipomas is associated with Cowden's syndrome or multiple hamartoma syndromes, neurofibromatosis, Gardner Syndrome, encephalocraniocutaneous lipomatosis, multiple familial lipomatosis and Proteus Syndrome.[5]

The treatment of choice for oral lipomas is simple surgical excision. There are only exceptional chances of recurrence. Although the growth of oral lipomas is usually limited, they can reach great dimensions, interfering with speech and mastication and reinforcing the need for excision[6]; however, in our case, the lesion was small in size without any functional complaint. Still the surgical excision was done because of the patient's concern due to the presence of an intraoral mass.

Conflicts of interest

The authors have none to declare.

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REFERENCES

1. Fregnani ER, Pires FR, Falzoni R, Lopes MA, Vargas PA. Lipomas of the oral cavity: clinical findings, histological classification and proliferative activity of 46 cases. *Int J Oral Maxillofac Surg.* 2003;32:49–53.
2. Ravi Kiran A, Purnachandrarao Naik N, Samatha Y, Vijay Kumar A, Kalyan Kumar D. Intraoral lipoma: a rare case

report and review of literature. *J Clin Diagn Res*. 2013; 7:3090–3091.
3. Lucas RB. *Pathology of Tumors of the Oral Tissues*. 4th ed. London, UK: Churchill-Livingstone; 1984:176–179.
4. Kumar LK, Kurien NM, Raghavan VB, et al. Intraoral lipoma: a case report. *Case Rep Med*. 2014;2014:480130.
5. Rajendran R, Sivapathasundharam B. *Shafer's Textbook of Oral Pathology*. 6th ed. India: Elsevier; 2009.
6. Chidzonga MM, Mahomva L, Marimo C. Gigantic tongue lipoma: a case report. *Med Oral Patol Oral Cir Bucal*. 2006;11: E437–E439.