

Case Report

Lipoma in gingivo-buccal sulcus: a rare case report

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ABSTRACT

Lipoma is a benign mesenchymal tumour which is composed of mature adipocytes. This is one of the most common benign neoplasms of the body. However, lipoma is uncommon in oral cavity. The etiology and pathogenesis of lipomas are not clear. Our case report presents a 26 year old male presenting with swelling in the right gingivo-buccal sulcus. Complete excision of the mass was done and sent for histopathological examination and histological features were suggestive of lipoma.

Keywords: Gingivo-buccal sulcus, Lipoma, Oral cavity

INTRODUCTION

Lipoma is a benign mesenchymal tumour which is composed of mature adipocytes.¹ This is one of the most common benign neoplasms of the body.² Although, they are common in the head and neck region, but their occurrence in oral cavity is very rare. Incidence of lipoma accounts for 1 to 4% of benign neoplasms of oral cavity and it predominantly affects buccal mucosa, tongue and floor of mouth.³ The most common areas are the buccal mucosa, lips, tongue, palate, vestibule, floor of the mouth and retromolar area.⁴ The etiology and pathogenesis of lipomas are not clear. However, hypercholesterolemia and obesity as well as chromosomal abnormalities are implicated as etiologies.⁵⁻⁷ Lipomas are basically classified as simple lipoma, fibrolipoma, intramuscular lipoma, spindle cell lipoma chondrolipoma, pleomorphic lipoma, myxoid lipoma, angiolipoma and sialolipoma.^{3,6}

CASE REPORT

A 26 year old male patient presented to outpatient department with chief complaint of a growth in right side of the cheek region for one year. The growth was small at the beginning, which gradually enlarged and attained the

present size. There was no associated pain but there was associated discomfort while chewing food. On intraoral examination, a single globular mass was noted on the right gingivo buccal sulcus in beside lower second premolar, which was well circumscribed and surface was smooth. The color of the growth was comparable to that of the adjacent mucosa. The swelling was non-tender.



Figure 1: Intraoperative picture of excision of lipoma.

The lesion was excised completely under local anaesthesia (Figure 1). A number 15 scalpel blade was used for incision, followed by blunt dissection. The whole lesion was excised in-toto (Figure 2). Size of the mass was 4×2×1 cm. Colour was whitish yellow and surface was smooth resembling fatty mass. It was sent for a histopathological examination.

Histopathological picture showed stratified squamous epithelium. Stroma consists of fibrocellular connective tissue having mostly large round or oval vacuolated cells with peripheral flat nuclei, which resembled adipocytes (Figure 3).



Figure 2: Specimen after in-toto excision.

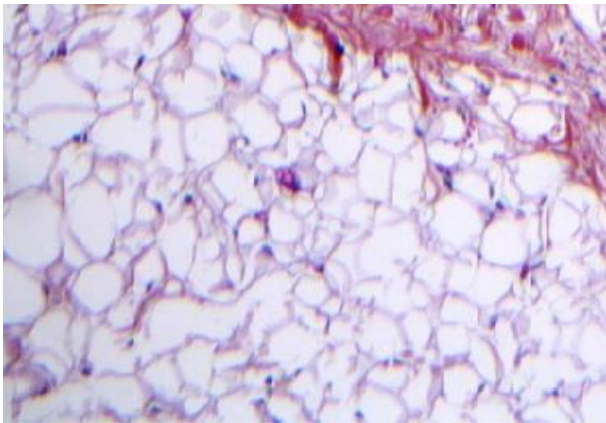


Figure 3: Histological picture showing matured adipocytes.

DISCUSSION

Lipoma is a benign mesenchymal tumor, which is rare in the oral cavity (1-4%).^{3,4,8,9} Lipoma is basically composed of mature lobulated adipocytes which is limited by fibrous septa. Occurrence of lipoma on cervicofacial region in about 15-20%.⁴ Intraoral lipoma is common between 40 and 60 years old. Children are rarely affected.⁹ Dimitrakopoulos et al reported rare cases of congenital lipomas in a 20 days and 47 days old babies.⁹

This lesion may be part of the clinical picture such as the Gardner's and Bourneville's syndromes, lipomatosis and neurofibromatosis.^{6,8} Atypical lipomatous tumor/well-differentiated liposarcoma (ALT/WDLS) is considered main differential diagnosis. This malignant form mostly involves an intraosseous component.¹

Histologically variants lipomas can be fibrolipomas, spindle cell lipomas, intramuscular or infiltrating lipomas, salivary gland lipomas, pleomorphic lipomas, angiolipomas, myxoid lipomas and atypical lipomas. Simple lipoma is the most common variant followed by fibrolipoma.^{4,10} The differential diagnosis includes fibroma, mucocele, hemangioma, dermoid cyst, minor salivary gland tumors, lymphangioma, or neuroma.^{4,10}

Histopathology is the gold standard in the diagnosis of lipomas. Histologically lipoma consists of Stratified squamous epithelium covering a mass of dense fibrous connective tissue.⁴

Complete surgical excision is the treatment of choice and should be followed by histological analysis. Medical treatment of lipoma is considered as new modality of treatment, consisting of intralesional injection of corticosteroids to achieve a lesion atrophy.^{8,10}

CONCLUSION

Oral lipomas are rare benign mesenchymal tumors. They are mostly asymptomatic. Surgical excision is the treatment of choice followed by histological examination to rule out liposarcomatous degeneration.

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