



Lipoma Arborescens : A benign debilitating condition

Anupama Praveen Gupta

MD Pathology Associate Professor, Department of Pathology, Government Medical College, Nagpur

Sanjay Nanaji Parate

MD Pathology Professor in Pathology, Department of Pathology, Government Medical College, Nagpur

ABSTRACT

Lipoma arborescens is a rare intra-articular lesion with diffuse replacement of subsynovial tissue by mature fat cells, producing villous transformation of the synovium giving rise to joint immobility and pain. The present study reports a case of twenty six years old male who presented with bilateral knee swellings. The etiology of this benign condition is unknown.

KEYWORDS : lipoma, lipoma arborescens

Introduction:

Lipoma arborescens is a rare intra-articular lesion with diffuse replacement of subsynovial tissue by mature fat cells, producing villous transformation of the synovium. The aetiology of this benign condition is unknown. We describe here a case involving bilateral knee joints.

Case report:

A twenty six years old male presented with swelling over bilateral knee joint since two years which was associated with pain during walking. Ultra sonography revealed intra articular effusion fluid with irregular echogenic frond like projections. Computed tomography revealed irregular low density intra articular mass. We received excised lesion from knee joint. Gross pathology revealed flap like tissue piece of size 2.5x2x2 cm with multiple small polypoidal projections covering the whole external surface (Figure 1A). Histopathology revealed multiple villous projections lined by synovial epithelium. Subepithelial tissue consisted of predominantly mature fat cells with intervening congested blood vessels and infiltrate of chronic inflammatory cells comprising of lymphocytes, plasma cells and histiocytes. Histological diagnosis was offered as lipoma arborescens. (Figure 1 C-D)

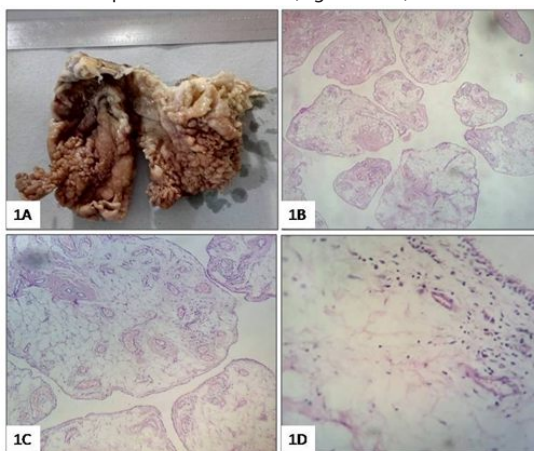


Figure 1 (A-D) Figure 1A- Gross photograph showing flap like synovial tissue with small polypoidal, soft projections on external surface. (1 C-D) (Microphotograph H and E stain) – 1B Scanner view showing villi-like structures lined by synovial epithelium. 1C (10X) The subepithelial tissue shows infiltration by mature adipocytes; 1D (40X) shows fat cells in tissue lined by synoviocytes with chronic inflammatory cell infiltrate

Discussion:

Lipoma arborescens (LA) is a benign lesion of unknown etiology. It is a condition characterized histologically by villous proliferation of

the synovial membrane and diffuse replacement of the subsynovial tissue by mature fat cells. [1] Lipoma arborescens is rare, debilitating condition but with the advent of MRI there is marked increase in the numbers of reported cases over recent years. The exact incidence is unclear, but Vilanova et al reviewed 12,578 consecutive knee MRIs and found 32 patients with LA [2] and Iovane et al found 9 out of 6387, thus quoting an incidence of 0.14% and 0.25%. [3]

Lipoma arborescens presents as a longstanding, slowly progressive swelling of joints most commonly found in knee. [4] It may involve one or more joints and may not be associated with pain. [5] Some may present with tender joint or restriction of joint movement. [6]

The knee is the most common site, however other joints like hip [7], shoulder, [8] elbow, [9] wrist [10] and ankle [11] have been reported. Rarely, LA affecting multiple joints, mimicking rheumatoid arthritis has been reported. [12]

Usually LA presents with boggy joint swelling or palpable mass and restriction of joint movement. Radiograph may reveal soft tissue shadows, secondary degenerative changes, joint effusion or osteoarthritis. Rare cases have been associated with meniscal tear, chondromatosis and patellar subluxation. [2] MRI is more characteristic with multiple villous, frond like lipomatous synovial proliferations. [13]

Microscopy reveals hypertrophic synovial villous proliferations with infiltration of chronic inflammatory cells. The etiology of LA is unclear. In a subset of patients, there is a history of local joint trauma or diabetes. [14] [15] However in most cases there is no pre-existent pathology.

Ikushima et al have given a hypothesis that LA is a rare reactive lesion of the synovium in which the mesenchymal stem cells differentiate into adipocytes, whereas osteochondral differentiation of the mesenchymal stem cells results in synovial chondromatosis. Hence they suggested that LA and synovial chondromatosis might have a common etiology. [16]

Conclusions:

Bilateral lipoma arborescens is a rare, benign intra-articular tumour debilitating for patients. Radiology and histology can offer diagnosis. Treatment with synovectomy can offer a cure.

REFERENCES

1. Ryuh Sup Kim, Young Tae Kim, JM Choi, Sang H Shin, Y J Kim L Kim. Lipoma arborescens associated with osseous/chondroid differentiation in subdeltoid bursa. Int J Shoulder Sur. 2013 Jul-Sep; 7(3): 116–119.
2. Vilanova JC, Barcelo J, Villalon M, et al. MR imaging of Lipoma arborescens and the associated lesions. Skeletal Radiol. 2003; 32:504–509.
3. Iovane A, Sorrentino F, Pace L, Galia M, Nicosia A, Midiri M, Bartolotta TV, De Maria M. MR findings in lipoma arborescens of the knee: our experience. Radiol Med. 2005; 109:540–546

4. A Liddle, DDM Spicer, N Somashekar, Thongse Chirag. Lipoma Arborescens of both Knees - Case report and Literature Review. *J Orthop Case Rep* 2012;Jul-Sep;2(3):28-30.
5. Azzouz D, Tekaya R, Hamdi W, MontacerKchir M. Lipoma Arborescens of the knee. *J Clin Rheumatol*. 2008;14:370-2.
6. Yan CH, Wong JW, Yip DK. Bilateral knee lipoma arborescens: a case report. *J Orthop Surg*. 2008;16:107-10.
7. Martin S, Hernandez L, Romero J, Lafuente J, Poza AL, Ruiz P, Jimeno M. Diagnostic imaging of lipoma arborescens. *Skeletal Radiol*. 1998;27:325-329.
8. Chae EY, Chung HW, Shin MJ, Lee SH. Lipoma arborescens of the glenohumeral joint causing bone erosion: MRI features with gadolinium enhancement. *Skeletal Radiol*. 2009;38:815-8.
9. Levadoux M, Gadea J, Flandrin P, et al. Lipoma arborescens of the elbow: a case report. *J Hand Surg (Am)* 2000;25:580-584.
10. Yildiz C, Deveci MS, Ozcan A, Saracoglu HI, Erler K, Basbozkurt M. Lipoma arborescens (Diffuse articular lipomatosis) *J South Orthop Assoc*. 2003;12:163-6.
11. Babar SA, Sandison A, Mitchell AW. Synovial and tenosynovial lipoma arborescens of the ankle in an adult: case report. *Skeletal Radiol*. 2008;37:75-7.
12. Santiago M, Passos AS, Medeiros AF, Sa D, Correia Silva TM, Fernandes JL. Polyarticular lipoma arborescens with inflammatory synovitis. *J Clin Rheumatol*. 2009;15:306-308.
13. Soler T, Rodriguez E, Bargiela A, Da Riba M. Lipoma arborescens of the knee: MR characteristics in 13 joints. *J Comput Assist Tomogr*. 1998;22:605-9.
14. Hubscher O, Costanza E, Elsner B. Chronic monoarthritis due to lipoma arborescens. *J Rheumatol*. 1990;17:861-2.
15. Chaljub G, Johnson PR. In vivo MRI characteristics of lipoma arborescens utilizing fat suppression and contrast administration. *J Comput Assist Tomogr*. 1996;20:85-7.
16. Ikushima K, Ueda T, Kudawara I, Yoshikawa H. Lipoma arborescens as a possible cause of osteoarthritis. *Orthopaedics*. 2001;19:385-389