



FINE NEEDLE ASPIRATION CYTOLOGY OF LIPOMA OF TONGUE: A RARE CASE REPORT

Dr Smita Gupta

Tutor, RIMS Ranchi

Dr Daphiralin Kharlyngdoh*

Post Graduate Student, RIMS Ranchi *Corresponding Author

ABSTRACT

Lipoma is the commonest benign tumor occurring at any anatomical site where fat is present. In oral cavity it is very rare. Tongue which is totally devoid of fat cells is also a site for lipoma although very rarely [1]. This is one of such cases. We present a case of a 57 years old woman with a swelling on the ventral surface, right side of the tongue which gradually increased in size over the last 2 years. The mass was well defined and painless. FNAC was performed and the cytological diagnosis was lipoma of the tongue.

KEYWORDS : lipoma , adipocytes , cytology

INTRODUCTION:

Lipoma is a benign tumour of adipose tissue and it is the most common soft tissue tumor of adulthood. Although very common, it is very unusual in the tongue. These tumours are subclassified as conventional lipoma, fibrolipoma, angiolipoma, spindle cell lipoma and myelolipoma. The conventional lipoma is the most common subtype characterized by well encapsulated mass of mature adipocytes [2].

CASE REPORT:

A 57 years old woman presented to RIMS pathology department with a history of a small painless lesion on the ventral side of tongue. The swelling have increased in size gradually over the past 2 years. Local examination revealed a yellowish, soft mass of size 3X5 cm having well defined margin. The mass was aspirated using a 22G needle in a 10cc syringe. The nature of the material aspirated was greasy. The smear were made and stained using Leishman Giemsa stain and haematoxylin and Eosin stain. On examination under microscope, fragments of mature adipose tissue seen admixed with occasional spindle cells against a greasy background.

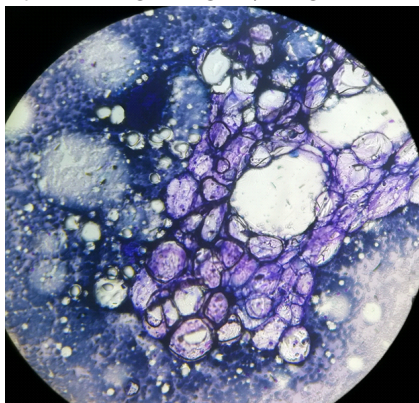


Fig 1: fragments of mature adipose tissue

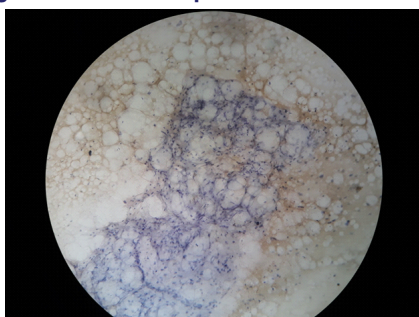


Fig 2: Hematoxylin & Eosin

DISCUSSION:

Lipoma is a benign tumour of fat and it is the most common soft tissue of adulthood [2]. Although very frequent tumors, their appearance in the oral cavity is very rare. [1] These tumour are subclassified according to morphologic and/ or characteristic molecular features as conventional lipoma, fibrolipoma, angiolipoma, spindle cell lipoma and myelolipoma. The conventional lipoma is the most common subtype [2]. These tumours present as slow growing, solitary/multiple, subcutaneous mass and are occasionally deep seated mass [3]. grossly, most lipoma are well circumscribed, thinly encapsulated and lobulated. The size is variable but only few exceed 10cms, these are sampled carefully as they will often prove to be atypical lipomatous tumors [4]. Cytologically, lipoma is composed of fatty tissue fragments composed of cells containing a single fat vacuole and a small, dark, peripheral nucleus. Variable numbers of capillaries within fatty tissue fragments is often seen. Few dissociated adipocytes are also seen against a greasy background [3]. Histologically, the majority of tumors are composed of mature univacuolated adipocytes showing minimal variation in cell size and inconspicuous, small, compressed nuclei at the cell border [4].

CONCLUSION:

Although lipoma is one of the most frequent tumor of the body, the location in the tongue is very rare. When a painless, slow growing tumor, either sessile or pedunculated with a smooth surface and well defined margins should be given a benefit of doubt of being a lipoma [1]. Aspirate from the lipoma are identical to those of normal adipose tissue, therefore, it is important to ensure that the needle is placed within a mass to avoid contamination with subcutaneous fat during biopsy of deep seated mass [3]. In a well encapsulated lesion, excision with total preservation of tongue can be achieved.

REFERENCES

- [1] Srinivasan K, Hariharan Neetu, Prathiban P, Shyamala R. Lipoma of tongue- A rare site for a common tumor. Indian Journal of Otolaryngology and Head and Neck Surgery 2006;59:83-84.
- [2] Kumar, Abbas, Aster. Robbins and Cotran pathologic basis of disease. 9th edition; 26:1120
- [3] Domanski Henryk A. Atlas of fine needle aspiration cytology; 13:385
- [4] Fletcher Christopher D M, Diagnostic Histopathology of Tumors. volume 1. 4th edition; 24:1798-1799