VOLUME - 14, ISSUE - 01, JANUARY - 2025 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

ENT

A RARE CASE OF PAROTID LIPOMA IN A CHILD

Varsha	JR, Dept of ophthalmology, BRDMC Gorakhpur, india
Aruna A.	JR, Dept of ENT, BHU, Varanasi 221005, India
Ramraj Yadav	SR, Dept of ENT, BHU, Varanasi 221005, India
Sanjay Kumar Saroj*	AP, Dept of ENT, ASMC MZP, India. *Corresponding Author
Vishwambhar Singh	Prof Dept of ENT, BHU, Varanasi
Rajesh Kumar	Prof Department of ENT, BHU, Varanasi, India

ABSTRACT Lipoma rarely involves parotid gland especially in children. A 4 year old boy presented with right parotid swelling. Preoperative workup including Computed Tomography and Fine needle aspiration showed features of Lipoma. The diagnosis was finally confirmed after complete surgical excision.

KEYWORDS : Lipoma, Parotid gland, Computed Tomography(CT), Fine Needle Aspiration Cytology(FNAC)

CASE REPORT

A 4 year old boy presented with painless, slowly progressive swelling in right parotid region for 3 years. On physical examination, the swelling was approximately 5x4 cm, soft in consistency, not warm and not tender with normal overlying skin . Ear lobule was lifted up and retromandibular groove obliterated. There was no cervical lymphadenopathy and facial nerve function was also intact. Ultrasonography revealed a hypoechoic lesion with septations in right parotid region measuring 4.5x2.5 cm without any vascularity suggestive of Lipoma. CECT revealed large fatty attenuation mass involving right parotid gland almost completely replacing it and involving both superficial and deep lobes measuring approximately 5.2x5.4x7 cm(AP x Transverse x Craniocaudal). Few internal soft tissue strands are noted within the fatty mass with mean attenuation value of mass is -101U. FNAC features were suggestive of lipoma.

Excision of mass was done under general anaesthesia. It was during surgery that the mass was encapsulated, soft, yellow and fatty. Located in both superficial and deep lobes of parotid gland, no normal glandular tissue was found. Swelling excised without injury to major neurovascular structures. The drain was kept in situ for 48 hours. specimen was sent for histopathological examination and the diagnosis was confirmed as Lipoma. Patient is doing well in follow up.

Fig 1: Preoperative patient presentation of parotid swelling

Fig 2: A. Incision and flap elevation, B. Tumour being exposed, C. Tumour being excised, D. Excised Lipoma specimen E. Sutured and drain kept in situ

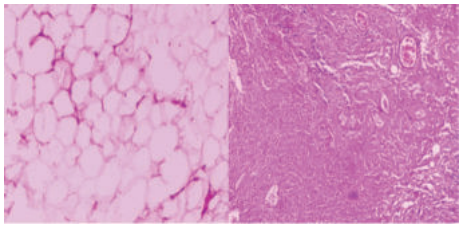

Fig.3: A shows mature adipocytes with eccentrically placed nuclei. (H & E stain, 100X), B shows large areas of necrosis. (H & E stain, 40X)

Microscopic Description

Histopathological examination showed a tumour comprises of predominantly sarcomatous components and focal glial components. Sarcomatous component comprises of randomly arranged spindle shaped tumour cells having moderate to markedly pleomorphic nuclei, coarse chromatin and moderate amount of cytoplasm. Glial component comprises of astrocytes having moderately pleomorphic nuclei. Areas of necrosis and vascular proliferation are noted. Gliosarcoma- WHO CNS grade IV

DISCUSSION

Lipomas are rare in parotid land with incidence of 0.6-4.4% [1] and relatively rarer in children. Parotid lipomas usually develop in 5th to 6th decade with male predominance[2]. Only a few case of paediatric parotid lipomas are published in literature[2,3]. Aetiology is quite unclear. Superficial lobe is

involved in 75% of cases, whereas both lobes are involved in 16.5% and deep lobe is involved in 8.5% cases[4]. Lipomas are of two types, peri parotid which is superficial and intra parotid which is deep type[5]. Majority of them are single and unilateral. Management mainly depends on location of lipoma in relation to the gland and it is easily confused with Warthin's tumour in elderly males. Preoperative imaging modalities like CT and MRI plays an important role in diagnosis. FNAC is quite unreliable but histopathological examination remains the gold standard for diagnosis. They are distinguished from surrounding fat aggregation by presence of fibrous capsule[6]. Surgical excision with preservation of facial nerve is the mainstay of treatment. In our case an interesting fact noted is that there was no normal parotid gland tissue found at the time of surgery.

CONCLUSION

Being a rare tumour, parotid lipoma is seldom considered in initial differential diagnosis of parotid swelling, at least in children. Possibility of lipoma should be kept in mind when dealing with the slowly growing, painless soft parotid mass also in children.

REFERENCES

1. Mesolella M, Ricciardiello F, Oliva F, Abate T, Di Lullo AM, Marino A. Parotid lipoma: A case report. Case Rep Clin Med. 2014;3:437-42.
2. Walts AE, Perzik SL. Lipomatous lesions of the parotid area. Arch Otolaryngol. 1976;102:230-2.
3. Alroqi A, Alkurdi A, Almazrou K. Parotid deep lobe lipoma in a child: Case report and literature review. Saudi J Otorhinolaryngol Head Neck Surg. 2013;15:16-8.
4. Fakhry N, Justin M, Varoquaux A, Antonini F, Santini L, Lagier A, et al. Is surgical excision of lipomas arising from the parotid gland systematically required?.Eur Arch Otorhinolaryngol. 2012;269:1839-44.
5. Kimberly NT, Seltzer S, Castle T,(2019) Lipoma of parotid gland. Head and neck Pathol
6. Adhikari P, Shrestha B, Prakash S, Baskota D, Sinha B. Lipoma of the deep lobe of the parotid gland: A rare case report and review of literature. Internet J Otorhinolaryngol. 2008;9:1-3.