



A RARE CASE OF INTRATHORACIC LIPOMA: CASE REPORT

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(ABSTRACT) Lipomas are the most common benign tumors of the soft tissues. They are generally distributed in the subcutaneous areas of the body, but they may develop in all organs throughout the body. A pleural origin of lipoma is extremely rare. **Aims And Objectives:** To discuss the clinical presentation of a case with intrathoracic mass. **Case Presentation:** A 40-year-old male presented with a symptomatic right intrathoracic mass. A pedunculated tumor originating from the mediastinal pleura was resected through the conventional right posterolateral thoracotomy. **Conclusion:** Although intrathoracic lipomas are histologically benign, careful observation and follow-up are crucial due to the possibility of recurrence.

KEYWORDS :

INTRODUCTION

Lipomas are the most common benign tumors of the soft tissues. They are generally distributed in the subcutaneous areas of the body, but they may develop in all organs throughout the body. In the thoracic cavity, lipomas are rarely encountered. The hourglass shaped thoracic lipomas are very rarely found.

Case Presentation

A 44-year-old male was admitted to our hospital with chest tightness for 1 month, complaining mild shortness of breath without past medical history. He was a non-smoker, and maintained a healthy weight of 66kg for his 176cm height.

On examination, the patient was found to have absent breath sounds accompanied by dullness on percussion in the left low lung field.

Laboratory workup was normal. The results of lung function tests, which showed FEV1/FVC was 99%, furthermore FVC was 64.1% of its predicted value, were consistent with the impression of restrictive lung disorder result from thoracic large tumor.

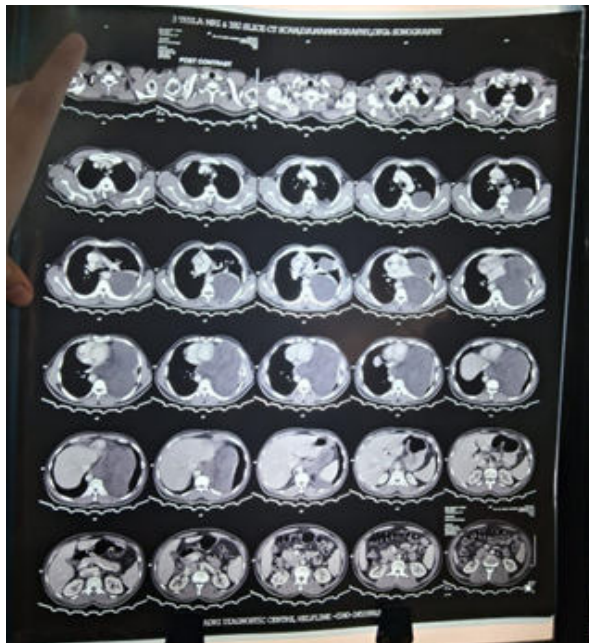


Fig 1 – CT s/o a large solid mass lesion in left hemithorax

A CT scan of chest revealed a pleural based solid mass lesion left hemithorax.

Patient underwent left thoracotomy (under general anesthesia) and intra operative findings revealed a round, yellowish, consistently soft tumor which had a smooth surface and occupied approximately 75% of the left pleural cavity. The tumor attached to the pleura of the 7th anterior intercostal space with its pedicle of 2.0 cm in diameter, compressing the left lower lobe of the mediastinum, and the entire mass was successfully extirpated en-bloc after ligation of its pedicle. The tumor weighed of total 2850 grams and measured 25 x 20 x 18 centimeters.

Final histopathology report was suggestive of pleural fibrolipoma. The patients post operative course was uneventful and was discharged on post op day 8.

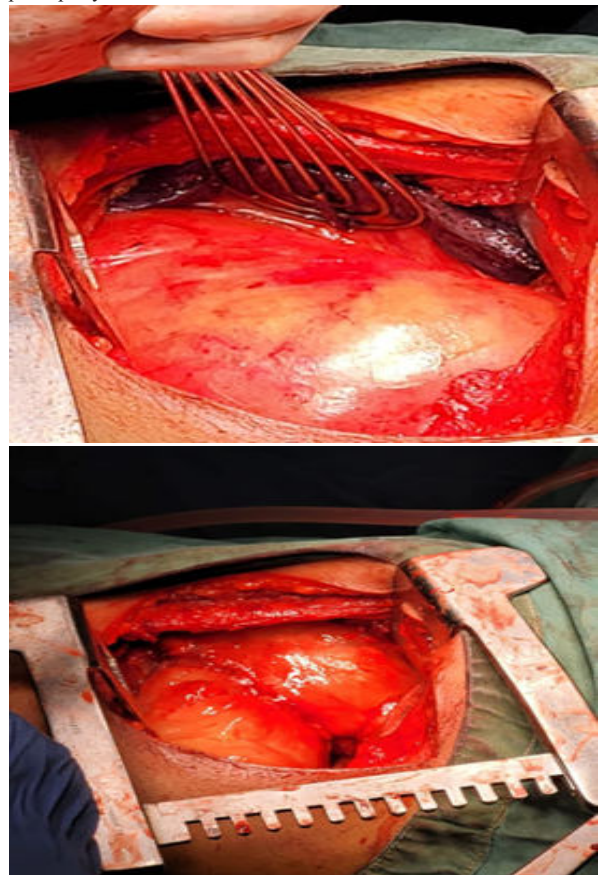


Fig 2- Intra Op



Fig 3 – Large Intrathoracic solid mass

DISCUSSION

Intrapleural and Intrathoracic lipomas can enlarge with time and lead to pulmonary compressive symptoms such as cough, chest pain, dyspnea or a sensation of thoracic tightness and compressive effect on the lung. Once the Intrathoracic lipomas are detected should be surgically resected, after a thorough CT scan chest, followed by pulmonary function tests to look for lung capacity in case of compromised lung expansion. As the possibility of liposarcoma and/or infiltrating development of the tumor cannot be excluded preoperatively. Open thoracotomy and resection of the tumor is considered as best and safest option.

CONCLUSION

The tumor was symptomatic and relatively huge when detected during a medical checkup. This enabled the successful tumor resection via conventional thoracotomy approach. Although intrathoracic lipomas are histologically benign, careful observation and follow up are crucial due to the possibility of recurrence.

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