



GIANT LIPOMA THIGH:-A RARE CASE REPORT

General Surgery

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ABSTRACT

Giant lipoma ,although rare,represent a real diagnostic and therapeutic challenge.we report an unusual giant lipoma of the thigh.

KEYWORDS

INTRODUCTION:-

Lipoma are the most common benign mesenchymal tumors of which prevalence rate 2.1 per 1000 people.most lipoma are small,weighing only few grams.however those weighing upto 200gm have occasionally been encountered. For a lipoma referred to as giant it should be 10 cm or more at least in one dimension or weigh minimum of 1000gms.

In this study we present a unusual giant lipoma of the thigh.

CASE REPORT:-

A 60yr old female patient presented in surgery opd with the complaint of painless swelling over left thigh extent from back of thigh to towards medial aspect of thigh, Since 4yrs. There is no associated complaint along with swelling progression.then 10-15 days back patient have complaint of pain over swelling, with rashes.

On examination swelling have ulcerated tip infected margins,necrotic patch over swelling.on palpation pain over ulcerated margin,mobile swelling, not fixed with base.soft to firm in consistency.single globular mass,pedunculated,mobile ulcerated measuring 15x14x10cms in size.foul smelling mass.

On FNAC smear show acute inflammatory cells against amorphous necrotic background,with plenty of fat cells, concluded infected lipoma with necrotic patch.

The patients was prepare for opeation.under all aseptic precaution and antibiotic coverage pt shift to OT,under effect of spinal anaesthesia excision of lipoma done,with excision of necrotic skin.with precaution of not to harm underlying vessels muscles and nerves.then wound closed in layer by layer.post operative period was uneventful.

Histological examination revealed benign lipoma with inflammatory infiltrate.

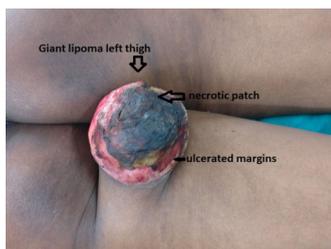


Fig 1:-giant lipoma with ulceration and necrotic patches.



Fig 2:- giant lipoma showing ulceration and inflammatory changes



Fig 3:-after excision of giant lipoma.

DISCUSSION:-

Giant lipomas,although rare,have been described in different anatomic location such as thigh, buttock ,scapular region and abdominal area.the largest cutaneous lipoma was reported in the literature was 24,950 gm and located on right thigh of a 48yr old women with morbid obesity.although lipomas have no particular sign and symptoms,giant lipoams have many social life and health problems depending on the site and size of the lesion and on the pressure effects.

Giant lipomas present a real diagnostic and therapeutic challenge.the main concern in the diagnostic procedure for huge lipomas should be to rule out malignancy .feature that suggest malignancy include old age,large size,presence of thick septa,presence of nodular and/or globular or nonadipose like areas, and decreased percentage of fat composition.it is also reported that the intramuscular location of a lipomais a risk factor of malignancy.

FNAC,USG or CT scan are the diagnostic tool to rule out malignancy,and making decision for operation.final diagnosis is depend on excision biopsy report.

Therapeutic modality included for giant lipomas are open surgery and suction assisted lipectomy.superior aesthetic results and decreased morbidity are the advantages of the suction assisted lipectomy .although there is higher risk of recurrence due to incomplete removal of lipoma and nerve damages resulting from blunt traumatisation with liposuction cannulas.also,the presence of thick and fibrotic nature render the liposuction unfeasible.open surgery is still the best therapeutic modality.because giant lipoma have well defined pseudocapsule,dissection around these benign neoplasm is performed rather easily.it allow complete removal of the lesion,prevent recurrence,relief apprehension of malignancy and avoids hazardous manipulation to adjacent vital tissue.

CONCLUSION:-

Lipomas may reach the huge dimesions,and even invade the narrow canals.when encounter with a giant lipoma,malignancy should be always kept in mind.although many clinical features and diagnostic tools have described,accurate preoperative diagnosis is almost impossible.To establish a correct final diagnosis and prevent recurrences,we believe that early surgical is mandatory.

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