



FACIAL LIPOMA IN MAXILLARY AND INFRAORBITAL REGION CAUSING NASO LACRIMAL DUCT COMPRESSION – A RARE CASE REPORT

General Surgery

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ABSTRACT

Lipomas are one of the most common soft-tissue mesenchymal tumors seen in all parts of the body. Their occurrence in the head and neck region is however relatively rare. Although benign in nature, lipomas may present as a slow growing tumors causing compression of surrounding structures and an unaesthetic appearance. We present here a rare and unique case of lipoma in the infraorbital region in a 43 year old female which was managed by complete surgical excision. The rarity of the anatomical site and compression of the Naso-Lacrimal Duct caused by it makes it a unique case. Along with the case report, the pathogenesis, histopathological features and the treatment have been discussed.

KEYWORDS

Lipoma, Infraorbital Region

INTRODUCTION

Lipomas are a group of slow growing, benign mesenchymal tumors comprising of mature adipocytes [1, 2]. They can be seen in almost any body part; but their occurrence in the head and neck region is rare. In the head and neck region, common site is subcutaneous tissues in the neck. Multiple lipomas usually are associated with genetic disorders or syndromes [3]. We report here a rare case of solitary lipoma in the infraorbital region.

Case Report

A 43-year-old female presented in the surgery OPD with complaints of a slow growing, painless swelling on the right side of face since 1 year gradually increasing in size. In the last 2 months the swelling increased in size to extend into the right lower eyelid. She also started complaining of watering from the right eye.

On examination there was an aesthetically disfiguring swelling in the right maxillary and infraorbital region. There was significant epiphora from the right eye. On palpation the swelling was soft in consistency, non-tender, freely mobile, approximately 3.5*3cm in size. The skin over the swelling was stretched but no discoloration or abnormal vascularization was seen. There was no evidence of any pus discharge. No cervical lymphadenopathy noted. (Fig 1, 2).



Fig 1: Pre Op



Fig 2: Pre Op

A provisional diagnosis of lipoma was considered. Patient was referred to the Ophthalmology OPD for preoperative evaluation of epiphora. Intraorbital examination for causes of epiphora were found to be within normal limits for both eyes. On syringing through the right lower eyelid punctum, it showed clear regurgitation from the opposite punctum suggestive of right nasolacrimal duct obstruction.

Routine blood investigations were within normal limits. MRI of the face showed evidence of a well-defined round to oval shaped T1&T2 hyperintense lesion measuring 3*3.3*4.8cm (AP*T*CC) located anterior to anterior wall of right maxillary sinus causing scalloping. (Fig3,4,5). The lesion was seen in close proximity to the right lacrimal apparatus causing compression over them. Superiorly the lesion was seen reaching upto the medial canthus of right eye with no obvious intra-ocular extension. There was no obvious calcification / solid

component / septations within, suggestive of benign etiology – Right Facial Lipoma.

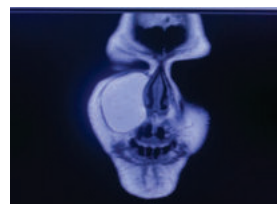
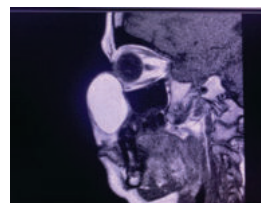
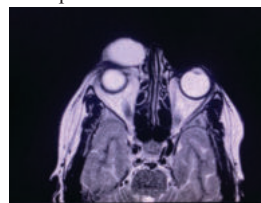


Fig 3,4,5 : MRI Pics

Decision was taken to excise the lipoma via facial incision for easy access to the extension into the medial canthus of the right eye (which was causing compression of the Nasolacrimal system). The lipoma was excised in toto by the Surgery Team along with its extension. (Fig 6) The Ophthalmic Team intra-operatively cannulated the lower eyelid punctum and did syringing which demonstrated free flow in the Nasolacrimal duct with no regurgitation. On excision the gross appearance of the specimen (Fig 6) and the fact that it was floating when placed in formalin were suggestive of a likely diagnosis of lipoma. Histopathological examination confirmed the same.

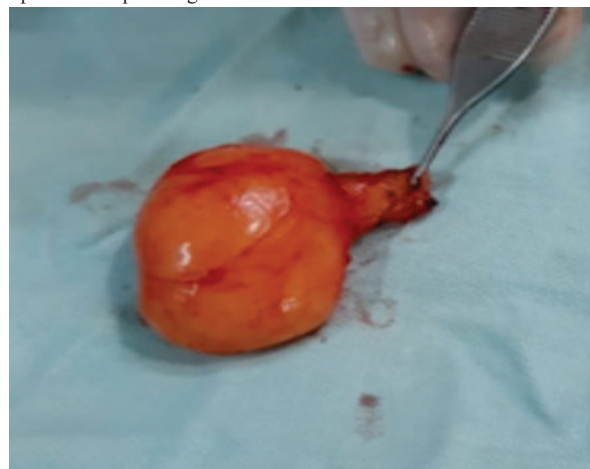


Fig 6 : Specimen

On the 2nd post-operative day itself there was no epiphora. 2 months post-surgery patient had a reasonable aesthetic outcome. (Fig 7)



Fig 7 : Post Operative Pic

DISCUSSION

Lipomas are considered to be hamartomatous proliferations of mature adipose tissue and are one of the most common soft-tissue mesenchymal tumors. Their occurrence in the head and neck region is however relatively rare and only 1 - 4% cases affect the oral cavity [4]. Cheek is the most common site of occurrence followed by tongue, floor of mouth, buccal sulcus, palate, lip and gingiva. Lipomas are seen in an age range of 30 – 60 years of life [5]. There is no sex predilection [6]. Although etiopathogenesis of lipoma is yet unclear, the presence of a genetic link, trauma, chronic infections, obesity, alcohol addiction, liver disease, hormonal changes etc are considered to be associated with their occurrence [7].

Patients usually present with a long-standing, well-circumscribed nodular mass for the aesthetic concern due to the swelling. At times there are complaints due to compression of the surrounding structures. Diagnosis is based on clinical examination. Magnetic Resonance Imaging is very useful in diagnosis. Histopathologically, lipomas are composed of mature fat cells which are slightly larger in size and variable in shape. A lobular pattern is more commonly seen in subcutaneous lipomas. It is important to distinguish lipomas from liposarcoma as they share similar characteristics [7]. Treatment of lipomas is simple surgical excision. Recurrence rate is low [8, 9].

CONCLUSION

Being usually asymptomatic, lipomas remain neglected quite often and hence may attain larger dimensions and cause facial disfigurement and mild discomfort and compression of the surrounding structures and the need for surgical excision.

In our case which was managed by surgical excision patient recovered from epiphora immediately and achieved a good cosmetic outcome 2 months post surgery

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