

Intraoral Lipoma of Lip: A Case Report

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ABSTRACT

Lipomas are the most common benign soft tissue tumors of the body that originate in mature adipose tissue. Approximately 15-20% of cases occur in the head and neck region. However, its occurrence in oral cavity is rare accounting for only 1 to 4%. The most common site in the oral cavity has frequently been reported as buccal mucosa followed by floor of mouth, tongue and lower lip mucosa. Here we present a rare case of intraoral lipoma of the lower lip. They present as painless, well circumscribed, soft to firm, slow growing, submucosal mass. Other benign lesions such as mucocele, oral dermoid cysts, ranula, pleomorphic adenoma need to be included in the differential diagnosis. Histopathology plays an important role in confirming diagnosis. Surgical excision as treatment is associated with an excellent outcome.

KEYWORDS

Lipoma, intraoral/ lip.

INTRODUCTION

Lipomas are common tumors in the human body, but are less frequent in the oral cavity comprising no more than 1 to 5% of all neoplasms¹. They commonly present as slow growing, asymptomatic lesions with a characteristic yellowish color and soft, doughy feel in the buccal mucosa, floor of the mouth, tongue and lip. The pathogenesis of lipoma is uncertain, but they appear to be more common in obese people¹.

They are benign mesenchymal neoplasms composed of fat cells usually surrounded by a thin fibrous capsule. The size of tumor depends on the location but rarely exceeds 25 mm in diameter. Lipomas are usually asymptomatic until they grow to large size and may interfere with speaking and mastication¹

CASE REPORT

A 54 year old male complained of a painless swelling on the inner surface of the lower lip on the left side since 1 year, which was progressively increasing in size. Examination of the oral cavity revealed a well defined, solitary mass measuring 2x1.5cm over the inner surface of the lower lip on the left side. The overlying mucosa was normal. On palpation, the mass was soft to cystic in consistency, mobile and non tender. General physical examination was within normal limits. There was no associated fever, weight loss or other otolaryngeal problems. Other investigations were within normal limits

On the basis of the patient's history and clinical examination, a provisional diagnosis of mucous retention cyst was made. Complete surgical excision of the lower lip swelling was done under local anesthesia and the specimen was sent for histopathological examination.

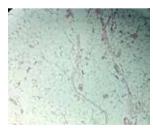
Gross examination revealed grey-white to grey-yellow mass measuring 2x1.5x1cm soft to firm in consistency. On cut surface, it was a grey-yellow, well circumscribed nodule.





Fig 1 & 2: On gross examination, grey white to grey yellow mass seen, cut surface showed well circumscribed grey yellow mass.

Microscopic examination of hematoxylin and eosin stained sections revealed the presence of a thin fibrous capsule beneath which were seen sheets of mature adipocytes with no evidence of cellular atypia or metaplasia (Figure 3 & 4). A distinct lobular arrangement of the cells was seen with intervening fibrovascular connective tissue septa. Based on the histopathological features, the diagnosis of lipoma was made.



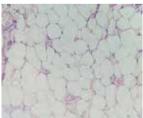


Fig 3 sheets of mature adipocytes (10x)
Fig 4 Adipocytes containing eccentric nucleus (40x)

DISCUSSION

Lipomas are the most common mesenchymal tumors especially in the trunk and proximal portions of the extremities but they are rare tumors of the oral cavity. The first description of an oral lesion was provided by Roux in 1848. In his review of alveolar masses, Roux referred to the oral lesion as "yellow epulis"2. Approximately 15 to 20% of cases occur in the head and neck region and only 1 to 4% occurs in the oral cavity. Lipomas of the mouth are benign tumors; grow slowly, do not infiltrate other tissues and are painless¹. They often present in adults in the 5th to 7th decade and are rare in children. The

lipoma usually occurs as a solitary lesion that may be sessile or pedunculated. It ranges in size from 1 cm to a massive 5 cm in diameter³. Cheek is the commonest site of occurrence in the intraoral cavity followed by tongue, floor of the mouth, buccal sulcus, vestibule, palate, lip and gingiva. This pattern corresponds closely to the quantity of fat deposit in the oral cavity¹

No consensus exists regarding the pathogenesis of oral lipomas today¹. Heredity, fatty degeneration, hormonal basis, trauma, infection, infarction, metaplasia of muscle cells, lipoblastic embryonic cell nest in origin and chronic irritation are probable representative theories to elucidate the pattern of a lipoma⁴.

Oral soft tissue lipomas can sometimes present as a fluctuant nodule¹. In some cases, speech and mastication problems could be seen because of the location of the lipoma. The differential diagnosis of intraoral lipoma includes

oral dermoid and epidermoid cysts, oral lymphoepithelial cyst, benign salivary gland tumour, mucocele, benign mesenchymal neoplasm, ranula, ectopic thyroid tissue and lymphoma⁵.

The diagnosis of intraoral lipomas is usually clinical. Computed tomography and magnetic resonance imaging enable the diagnosis of these tumors to be made quite readily. In spite of availability of all these techniques, histopathology remains the gold standard in the diagnosis of lipoma⁶.

Based on microscopic features they are classified into classic lipoma, fibro-lipoma, angio-lipoma, spindle cell lipoma, pleomorphic, myxoid, sialolipoma and intramuscular lipomas³.

Surgical excision is the choice of treatment⁷. No recurrence is observed⁸.

CONCLUSION

Oral lipomas are relatively uncommon tumors and predominantly affect the buccal mucosa. They show no gender predilections. Other lesions with similar clinical features should be considered in the differential diagnosis. Histopathology plays an important role in confirming the diagnosis. Surgical excision provides an excellent outcome with no recurrences.

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