A rare case of intra-oral lipoma in a malignant disguise

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Introduction

Lipomas are common mesenchymal neoplasms that rarely occur in the oral cavity. The first description of oral lipomas was given by Roux M [1] in an alveolar mass, which he referred to as a 'yellow epulis'. Oral lipomas which are soft, well circumscribed, mobile, slow growing, and mostly asymptomatic, can occur in major salivary glands, buccal mucosa, lips, tongue, palate and the floor of the mouth. They are benign tumours which progressively increase in size over years. Intra-oral lipomas may cause interference with speech and mastication. The aetiology of a lipoma is uncertain. They make up 4 to 5% of all benign tumours in the body. Involvement of the oral cavity is rare, comprising less than 4.4% of all benign oral soft tissue tumours in the oral cavity. They occur most commonly in the buccal mucosa and the vestibule. Types of lipomas include microscopically simple lipomas, fibrolipomas, spindle cell lipomas, intramuscular infiltrating lipomas, salivary gland lipoma, myxoid lipomas, and atypical lipomas. Lipomas can be complicated by ulceration, bleeding, and rarely, malignant transformation.

Case Report

A 65 year old man presented with swelling in the oral cavity for 4 years which progressively increased in size, with an associated ulcer over the swelling. He was a type 2 diabetic patient on treatment. On examination we observed a 6 x 5 cm swelling in the buccal mucosa on the right side, approximately 1 cm from angle of the lip. The swelling was not tender, was soft in consistency and mobile. An ulcer, 2 x 1 x 0.5 cm, was present over the swelling in the oral cavity. There was no induration around the ulcer and there was no bleeding on touch (Figure 1). A punch biopsy taken from the lesion revealed a microscopic diagnosis of a lipoma with ulceration. There was no malignant change or lymphoproliferative disorder. An excision biopsy was performed (Figure 2) and the final histopathology report was of a benign lipoma of the oral cavity.

Figure 1. Right buccal mucosal swelling with an ulcer

Figure 2. Intra-operative picture of the lipoma

Discussion

Lipomas of the oral cavity are relatively rare adipose mesenchymal neoplasms composed of mature fat cells
The buccal mucosa, which has abundant fatty tissue, is the most common. The clinical features of lipomas vary according to their rate of growth, size and location. The usual complaint is of a painless palpable mass, and there is seldom dysfunction of an involved muscle. A characteristic feature is a change in consistency and form of many of these lesions during contraction of the involved muscle. The tumour is soft and flat when the muscle is relaxed and becomes firm and more spherical when the muscle contracts. Lipomas consist of mature fat cells arranged in lobules that are separated by septa of fibrous connective tissue. Liposarcoma is important in the differential diagnosis, because well differentiated liposarcomas often contain many areas of lipomatous tissue. These sarcomas are characterized by areas of lipoblastic proliferation, myxoid differentiation, cellular pleomorphism, increased vascularity, and mitosis [3]. Surgical excision is the treatment of choice in all cases. The histopathological features of an intraoral lipoma are not different from normal mature fat tissue [4].

**References**

1. Roux M. On exostosis; their character. *Am J Dent Sc* (1848); 9: 133-134

**Key Points:**

- Intra-oral lipomas though rare, commonly occur in the buccal mucosa.
- Most lipomas develop in the subcutaneous tissues, but deeper tissues may be involved too.
- Complete surgical resection is the main treatment which should be performed to avoid recurrence.