

## INTRA ORAL LIPOMA - AN UNUSUAL SITE AND SIZE

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### INTRODUCTION

Lipomas are benign tumours composed of adipocytes. They are very frequent in the human body, but in the oral cavity there is rare manifestation [1]. In international literature references are mainly case reports. 13% of the lipomas arise in the head and neck region [2]. The incidence of lipomas in the oral cavity is 1.0% - 4.5% of all benign oral lesions [3]. Oral lipomas occur at various sites but the most common sites are buccal mucosa, floor of the mouth and tongue, followed by lip, palate and vestibule [4]. Usually they are single lesions, [5] but occasionally may be multiple in some syndromes like Gardner's or Bourneville's [6]. They seldom present before the third decade of life and have a slight gender predilection towards males [7, 8]. Most lipomas grow insidiously and their exact etiology is unknown but some risk factors, like trauma, infection, chronic irritation and hormonal alterations have been associated [9]. The clinical course is usually painless and asymptomatic until they reach a large size to produce compressive symptoms and deformities. In some cases they can cause pain due to infections caused by accidental trauma. They seldom cause masticatory or deglutatory alterations and dentofacial deformities [10]. The superficially located lipoma is fairly characteristic in its clinical appearance, a smooth surfaced, yellowish-pink mass covered by a readily vascular network. The deep-seated tumors do not have this characteristic clinical appearance, and consequently are more difficult to detect and remove. Patients tend to overlook these lesions because they are so innocuous [11].

### CASE REPORT

A 39 years old male reported to the Oral and Maxillofacial Surgery Department Armed Forces Institute Dentistry Rawalpindi with a

large intra oral mass, which developed in the last 4-5 years. It was initially asymptomatic but during the last few months due to its increased size, it started interfering with mastication, swallowing and speech. The mass came out of the mouth time and again causing much embarrassment to the patient (fig. 1). Apart from its obstructive and aesthetic problems the mass was asymptomatic and patient had not been able to prevent it from being traumatized during chewing. His general physical and systemic examination revealed no abnormality. Extra oral examination revealed swelling over right side of face (Fig.2). The patient was unable to close his mouth properly. A small growth was visible through his parted lips on the right side of buccal vestibule.

When asked, the patient conveniently protruded the large mass out of his mouth (Fig-1). Intra oral examination revealed a mass in the right buccal sulcus measuring 6.5 x 5.5 x 5 cm adjacent to lower molar tooth. It was soft, pedunculated with no surface ulceration. The overlying mucosa was normal in colour and texture. The patient did not show dysphagia or dyspnoea. There was no cervical lymphadenopathy. Intra oral radiograph did not show dental or oral hard tissues alterations. Aspiration needle biopsy of the mass was performed which confirmed adult fat tissue without histological alterations. Keeping in view the history, clinical examination and FNAC, a diagnosis of intra oral sub mucosal lipoma was made and no further diagnostic investigation was required pre operatively. Under general anaesthesia, surgical excision of the mass was performed through an intra oral elliptical incision in the buccal sulcus. The mass was removed in toto and submitted for histopathological examination. The mucoperiosteum was closed using 3/0 silk. Postoperative course was uneventful and follow up for 3 months was carried out which was free of any complication with no signs of recurrence. Microscopic examination of the

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excised soft tissue mass revealed a circumscribed, but not encapsulated, aggregate of mature adipose cells. Vascularity was inconspicuous. No atypia or metaplasia was noted. This appearance was consistent with a diagnosis of classic lipoma.



Fig-1: Extra oral protrusion of lipoma



Fig-2: Facial swelling due to intraoral mass

## DISCUSSION

The lipoma is a very common benign tumor of adipose tissue, but its presence in oropharyngeal region is relatively uncommon, with a prevalence rate of only 1/5000 adults [12]. The incidence of lipomas in the oral cavity ranges between 1.0%- 4.5% of all benign oral lesions [3]. The accepted classification of benign lipomas includes the categories: classic lipoma; lipoma variants e.g angiolipoma, chondroid lipoma, myolipoma, spindle cell lipoma; hamartomatous lesions; diffuse lipomatous proliferation; and hibernoma[14]. Oral lipomas occur at various

sites including the major salivary glands, buccal mucosa, lips, tongue, palate, vestibule and floor of mouth. The most common anatomic site in the oral cavity has frequently been reported as the buccal mucosa followed by the parotid region [15]. Our case is one of those which occurred in buccal sulcus. These slow growing, benign fatty, tumors are freely mobile beneath the mucosa, but less well demarcated lesions are not mobile. The lesion may be pedunculated or sessile and occasional cases show surface bosselation. Tumors have lobulated soft masses enclosed by a thin fibrous capsule. Most lipomas grow insidiously and cause few symptoms other than those of a localized mass or mechanical displacement of adjacent structures. Rarely, chondroid /osseous metaplasia may be seen in a lipoma. Examples of such metaplasia are osteolipoma, ossifying lipoma, chondroid lipoma and ossifying chondromyxoid lipoma. On occasion, lipoma of the buccal mucosa can not be distinguished from a herniated buccal fat pad, except by the lack of a history of sudden onset after trauma. MRI is very useful in the clinical diagnosis; CT scans and ultrasounds are less informative. The treatment of the lipoma is surgical excision including a little cuff of surrounding tissue to prevent local recurrences [8]. They are known to recur in 5 % cases [15].

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