



Case Report

Giant Lipoma Anterior Neck: A Case Report

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Submitted: 06 November 2017

Approved: 12 December 2017

Published: 14 December 2017

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Keywords: Lipoma; Giant lipoma; Anterior neck swelling MeSH terms: Lipoma; Neck



Abstract

Lipoma is a benign mesenchymal tumor with a thirteen percent incidence in head and neck region. Posterior triangle is the most common location while anterior neck lipoma is a rare one. Giant lipomas >10cm have been reported in different parts of the body but rarely in the anterior neck. Giant lipomas of the neck can present as a cosmetic disfigurement or can produce pressure symptoms. Most lipomas do not pose any difficulty in diagnosis. Surgical excision remains the treatment of choice. We here present a case of giant anterior neck lipoma.

Introduction

Lipoma is a benign mesenchymal tumor composed of adult fat cells. Often called as “universal tumor” or an “ubiquitous tumor” as they can occur anywhere in the body where there is accumulation of fat cells [1]. The incidence in head and neck region being thirteen percent [2]. Lipomas in the neck usually involve the posterior triangle. Anterior neck lipomas are a rare entity while giant anterior neck lipomas (>10 cm) are even rarer, we here present one such case [3].

Case Report

A 50 yr man presented with complains of swelling in the anterior neck for 15 yrs. The swelling appeared to growing rapidly for the last 6 months. He had no other complaints. On examination a swelling of 14×10 cm involving both sides of the anterior neck extending superiorly from the upper border thyroid cartilage to clavicle inferiorly, soft in consistency, freely mobile in all directions of with no movement on deglutition. FNAC was suggestive of lipoma (Figure 1). CT showed the lesion measuring 11.4×3.8 cm in the subplatysmal plane with mild displacement of trachea with no compression (Figure 2).

The patient was planned for excision under general anesthesia via routine thyroidectomy incision. The tumor was located beneath the platysma, once a plane was identified between the platysma, tumor and underlying strap muscles, the entire tumor was delivered in toto by finger dissection and “squeeze technique”. Wound was closed in layers and skin with subcuticular sutures. Histopathology of the specimen removed was lipoma (Figure 3). The patient had a cosmetically acceptable scar on the neck and was followed up for 1 year with no recurrence.

Discussion

Lipomas are benign adipose tumors of mesenchymal origin secondary to hamartomatous proliferation of mature fat cells [4]. Lipomas are classified as subcutaneous type, subfascial type or intermuscular type [5]. Cheek is the most favored



Figure 1: Anterior view of the tumor measuring approximately 14x10 cm.



Figure 2: Computed Tomography scan image of the neck showing dimensions of the lesion.



Figure 3: Excised specimen measuring approximately 11.5x5 cm.

site in head and neck region followed by the tongue, floor of the mouth, buccal sulcus, vestibule, lip, palate and gingiva rarely occurring subcutaneously in the anterior neck region [3] as was in our case [6]. The exact cause for lipoma is unclear though there is an association with genetic mutation in chromosome 12 in cases of solitary lipomas [7].

Clinical features vary greatly depending upon the lesion's size, location and rate of growth. Like most benign tumors they present as a painless, mobile, palpable masses which are often overlooked by patients till they become an appreciable mass as was in our case [8]. Giant lipomas measure at least >10cm in one dimension, or weighing at least 1000gm [9]. A rapid increase in size should always raise the suspicion of malignancy. Ultrasonography remains as the initial imaging modality in diagnosis of head and neck lipomas while Fine needle aspiration cytology (FNAC) or computed tomography (CT) is indicated for confirmation of diagnosis [10].

Consecutive follow up might be a valid option for asymptomatic patients with anterior neck lipomas. Surgical intervention for giant lipomas of the anterior neck is challenging, requiring thorough anatomy of the region and meticulous skills given their relationship with vital structures in the anterior neck and should be reserved for patients with cosmesis and pressure effects. Complete excision with capsule should be performed to prevent recurrence.

Conclusion

Lipomas in the anterior neck are rare, but can present as giant lipomas as in our case. There is a paucity of published analogous cases in our literature, hence we conclusively propose to include giant lipomas in the differential diagnosis of swellings of the anterior neck. Adequate preoperative imaging and a good operative technique, surgical excision provides good cosmesis and no functional impairment.

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