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Parotid Gland Lipoma - A Rare Entity

Pages with reference to book, From 262 To 263

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Introduction

Although lipoma is commonly found in soft tissues, the parotid gland lipoma is among the rarest benign primary tumors of the major salivary glands. The unilateral swelling of the parotid gland is not an uncommon clinical problem, however, lipoma as a cause of parotid gland enlargement seldom comes in mind as differential diagnosis. We have discussed the clinic pathological features of parotid gland lipoma with special emphasis on possible preoperative diagnosis of this lesion.

Case Report

A 32 year old woman presented with painless mass growing gradually in the left parotid region for the past four years. She did not seek medical advice earlier as the mass was asymptomatic. Physical examination revealed a soft, lobulated, painless mobile mass occupying the left parotid region. The cervical lymph nodes were not palpable and there was no evidence of facial nerve involvement. A preoperative clinical diagnosis of pleomorphic adenoma was made. The patient underwent the superficial parotidectomy and the lesion was completely resected with surrounding normal parotid gland.

The resected specimen received as an outside referral case consisted of large, lobulated fragment of parotid gland tissue measuring 8x6x5.5 cms. Sectioning of specimen revealed a yellow, thinly encapsulated mass of 5 cms and surrounded by compressed salivary gland tissue (Figure 1).

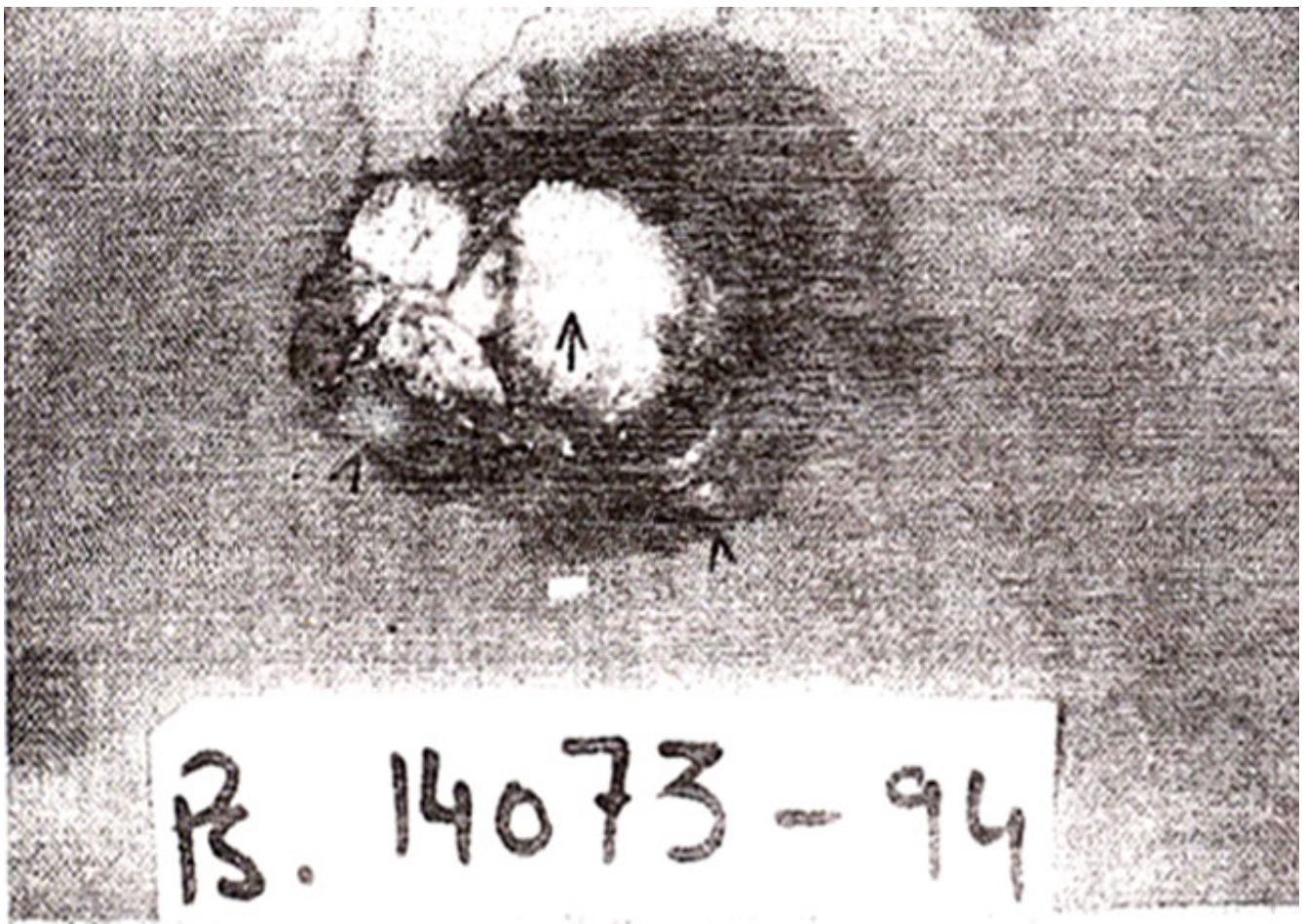


Figure 1. Cut surface of the parotid gland showing well encapsulated lipoma (Arrow) and outer compressed parotid gland tissue (Arrow head).

Histological examination revealed well encapsulated mass of mature lipocytes arranged in lobular pattern with intervening tumor was surrounded by compressed normal salivary gland (Figure 2).

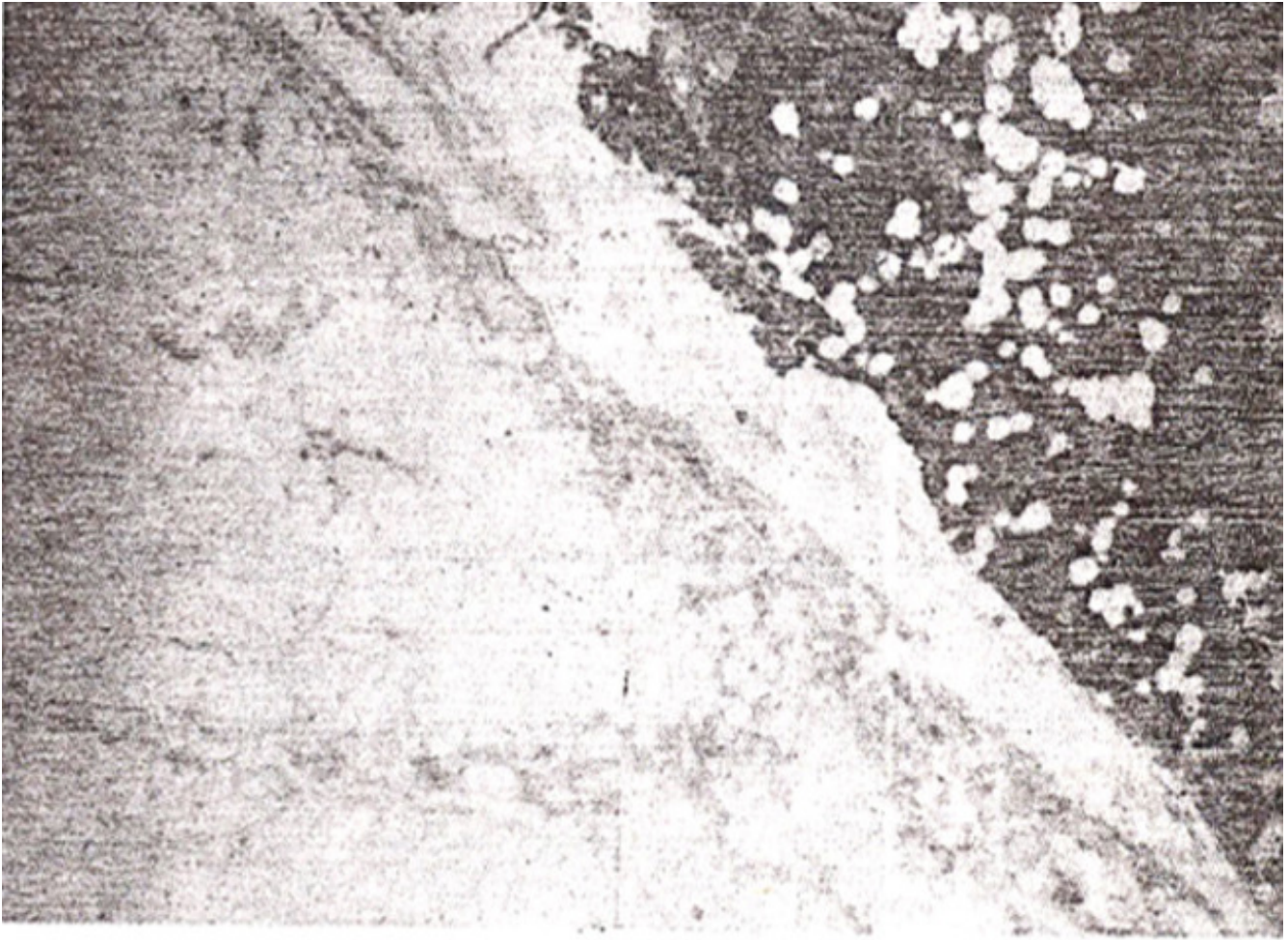


Figure 2. Photomicrograph of parotid gland lipoma. Note normal parotid tissue on right upper part (H-E stainx40).

Discussion

Lipomas are the most common neoplasms of mesenchymal origin. These are benign, encapsulated fatty tumors which may arise in any location where fat is normally present. The majority are subcutaneous and generally found on extremities, trunk and neck regions. The lipomas of the deep tissue are rare and often detected at a relatively later stage of development. These have been described in various sites including anterior mediastinum, chest wall, retroperitoneum, paratesticular region and intraosseous etc. The parotid swelling, whether unilateral or bilateral is not an uncommon clinical presentation seen in patients of all ages. Many neoplastic and non-neoplastic causes of parotid gland enlargement have been described¹. The majority of the parotid gland tumors are benign and largely represented by the benign mixed tumors². The lipoma of the salivary glands is rarely seen and the majority are described in the parotid gland region³ and only few cases are reported in the literature⁴⁻⁸. Occasional cases of hibernoma and lipoblastoma in an infant have also been reported in the parotid gland region^{9,10}. Being a rare neoplasm, the diagnosis of lipoma is seldom suspected on clinical examination. There is no reliable method of establishing a preoperative diagnosis of lipoma of salivary glands. The imaging studies including ultrasonography and computed tomography have not proven valuable for establishing the diagnosis. Tumors of the parotid gland can be delineated accurately with CT scan, however; it

cannot accurately differentiate between benign and malignant parotid neoplasms. The features which favour a malignant parotid lesion on CT scan are ill-defined margins, local invasion, diffuse spread throughout the gland and enlarged regional lymph nodes. However, some of these features have also been seen in benign ns^{11,12}. The extensive use of fine needle aspiration cytology is an important diagnostic technique in readily accessible parotid gland lesions¹³. The diagnosis of a lipomatous lesion can be made reliable by this technique if one keeps in mind the possibility of lipoma in differential diagnosis of parotid gland swelling. As a conclusion this lesion should be included as a rare possibility in the differential diagnosis of tumors involving the parotid gland.

Acknowledgement

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