

Massive fibrolipoma of the lower lip: A case report

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ABSTRACT An 84-year-old woman was referred to the hospital complaining of a large movable and massive mass located on her lower lip, which was first noticed approximately five years previously. On examination, the mass was well-defined, elastic soft and measured 45 × 45 × 28 mm in size. The clinical diagnosis was a lipoma, and a complete excision was performed under general anesthesia. The histopathological diagnosis was a fibrolipoma.

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Key words : Lipoma, Fibrolipoma, Lower lip

INTRODUCTION

Lipomas are common soft benign tumors composed of mature adipocytes, usually surrounded by a thin capsule¹⁾. Although the occurrence of conventional lipomas in the head and neck area is relatively high; a fibrolipoma is quite rare within the oral cavity, particularly in the lip²⁾. This report presents a case of a massive fibrolipoma of the lower lip.

CASE REPORT

An 84-year-old woman was referred to our department for a large movable mass of the lower lip. Her medical history indicated that the mass had grown slowly for approximately five years. Extraorally, the patient had no detectable swelling. Because of the pedunculated aspect of the mass, the patient was able to move it between the extraoral and intraoral regions of her lip. The mass measured 45 × 45 × 28 mm in size, appeared to be soft and was covered by mucosa with venous dilatation (Fig. 1A, B).

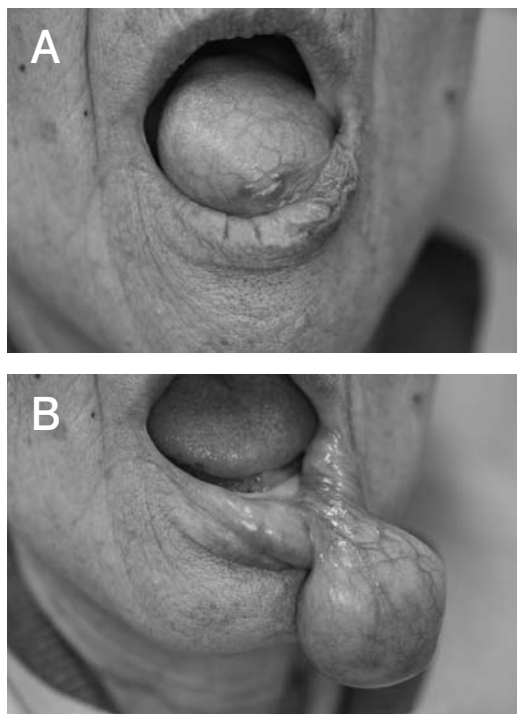


Fig. 1. (A) Intraoral and (B) extraoral position of the mass shows a well-defined, elastic soft mass of the lower lip.

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Fig. 2. View of surgical specimen, measuring $45 \times 45 \times 28$ mm.

With a provisional clinical diagnosis of a lipoma, the mass was surgically excised under general anesthesia. The gross appearance of the tumor was pale yellowish and it was a fatty mass with a thin capsule (Fig. 2). Histologically, the tumor showed an admixture of mature adipose tissue, including variably sized typical adipocytes, embedded within dense collagen fibers, consistent with a fibrolipoma (Fig. 3). There have been no signs of recurrence during a 13-month follow-up period.

DISCUSSION

Lipomas are the most common mesenchymal neoplasms of soft tissue, but they are relatively uncommon in the oral cavity, representing approximately from 0.5 to 5 per cent of all benign oral tumors³⁾. The most common site is the buccal mucosa, followed by the tongue, lips and floor of the mouth^{1,4)}.

Clinically, patients commonly present with painless, well-circumscribed, submucosal nodules, with fibro-elastic consistency, yellowish color and a covering of smooth mucosa^{1,3)}. Lipomas of the oral and maxillofacial region are slow-growing tumors as in other parts of the body.

Histologically, they can be classified as simple

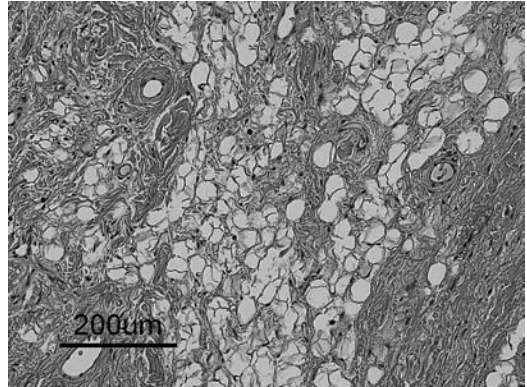


Fig. 3. Adipose neoplastic cells surrounded by dense fibrous connective tissue characterizing a fibrolipoma (hematoxylin and eosin stain).

lipomas or their variants, such as fibrolipomas, spindle cell, intramuscular, vascular, salivary gland, pleomorphic, myxoid, and atypical lipomas⁴⁾. They are occasionally altered by the admixture of other mesenchymal elements that are an intrinsic part of them. The most abundant of these elements is fibrous connective tissue⁵⁾. When significant fibrous tissue is present, this tumor may be termed a fibrolipoma based on its pathology^{1,6)}.

Two extensive reviews of the literature indicated 145 and 125 reports of oral and maxillofacial lipomas, respectively^{3,7)}. In the majority of these cases the mean size was approximately 20 mm, ranging from 5 to 80 mm in size. The present case, which measured $45 \times 45 \times 28$ mm in size, is therefore one of the largest lipomas of the lip reported in the literature on oral and maxillofacial surgery.

Generally, the treatment of choice for oral lipomas is surgical excision. Although the growth of oral lipomas is usually limited, they can reach great dimensions, thereby interfering with speech and mastication and thus reinforcing the need for excision. In the current series and the present case, all tumors were excised and no recurrence was observed¹⁾.

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