

## Case Report

# Giant lipoma in the cervico-shoulder region

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**Received:** 21 April 2014

**Accepted:** 8 May 2014

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### ABSTRACT

Lipomas are one of the commonest benign tumours located in the body and they can occur wherever fat is present. Majority of lipomas are small and occurs in only one anatomic region. We hereby report a rare case of giant lipoma involving the neck and the shoulder region.

**Keywords:** Lipoma, Giant, Benign

### INTRODUCTION

Lipomas are one of the most benign mesenchymal tumours in the body that can arise from any part of the body that contains fat.<sup>1,2</sup> It is also known as ubiquitous tumour or universal tumour.<sup>2,4</sup> Most of the lipomas are slow growing swellings occurring in subcutaneous tissue.<sup>5</sup> Majority of lipoma have a diameter of about 2 cm and they rarely grow beyond 10 cm.<sup>6</sup>

Very rarely they grow into large size and such cases represent a real diagnostic and therapeutic challenge.<sup>2,6</sup> We report a large lipoma occupying neck and shoulder region in a 62 year old male patient.

### CASE REPORT

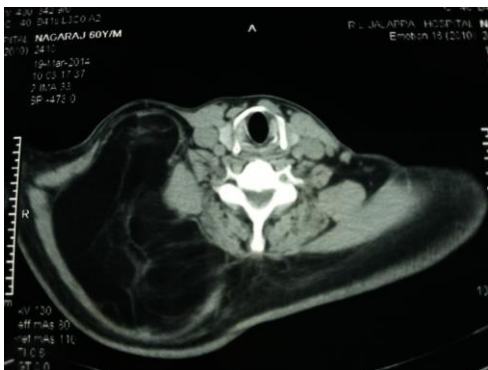
A 62 year old male patient presented with history of swelling over right side of the shoulder since 6 years. Initially the size of the swelling was around 2x2 cm which gradually grew over years. From past 6 months, he noticed that the swelling reached his neck on the right side. There was no history of pain or any trauma.

On examination, a swelling of size 20x25 cm was seen over right side of the neck and scapular region (Figure 1). It was soft, non-tender and non-compressible with well-defined borders. There was no transillumination and the skin was not fixed to the swelling. There was no slip sign.



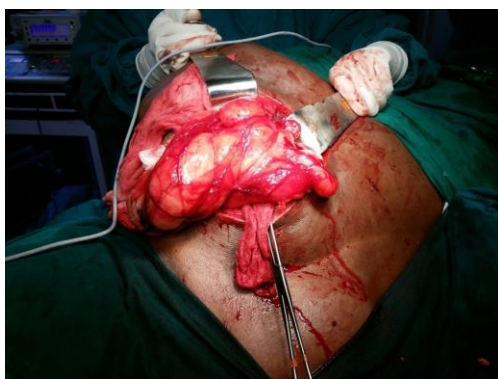
**Figure 1: Showing the swelling in the cervical and shoulder region (superior view).**

A clinical diagnosis of lipoma was made. FNAC was done which shows features consistent with lipoma. MRI scan was done to see the extent of the swelling and it confirmed lipoma (Figure 2).



**Figure 2: MRI scan showing a large hypodense lesion with multiple internal septations. Features consistent with lipoma.**

The swelling was completely excised under general anaesthesia (Figure 3) and it was sent for histopathological examination which confirmed benign lipoma.



**Figure 3: Intraoperative view of the swelling. Note the massive lipoma with capsule. The swelling was removed through an incision over scapular region.**

## DISCUSSION

Lipomas are adipose tumours which are often located in subcutaneous tissues.<sup>7</sup> The prevalence rate is 2.1 per 1000 people.<sup>8</sup> Lipomas occur all over the body with around 50% of cases located in thigh, 20% in shoulder region and upper arm, 20% in chest wall and 10% in other location.<sup>7</sup>

Most of the lipomas (80%) are less than 5 cm with only 1% of lesions greater than 10 cm in size.<sup>3,5</sup> For lipoma to be referred to as “giant”, it should be more than 10 cm in diameter,<sup>2</sup> although few believe it should be more than 5 cm.<sup>3,4</sup>

Solitary lipomas are seen in 80% of cases, especially in women, while multiple lipomas are seen in men.<sup>5</sup> Most of

the lipomas are primarily a cosmetic problem although they can occasionally cause functional limitation.<sup>6</sup>

The reason for lipomas to attain giant size is not clear yet. It has been proposed that after a blunt trauma, there is rupture of fibrous septa, accompanied by tears of the anchorage between the skin and deep fascia may result in local proliferation of adipose tissue.<sup>3,6</sup>

Although clinical evaluation is sufficient in most of the cases, occasionally imaging modalities like MRI scan is needed for evaluation of a soft tissue mass, especially when malignancy has to be ruled out.<sup>3</sup> Surgical excision is the treatment of choice.<sup>2,3</sup> Liposuction and suction assisted lipectomy has been recently suggested as an alternative effective treatment for giant lipomas.<sup>3,6</sup> However, the problem with them is recurrence and large haematomas.<sup>3,6</sup>

## CONCLUSION

Giant lipomas are rare and occurrence in more than one anatomic region is very uncommon. Complete excision is essential to prevent recurrence. MRI may be required rule out malignancy.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

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DOI: 10.5455/2349-3933.ijam20140516

**Cite this article as:** Jain AC, Viswanath S. Giant lipoma in the cervico-shoulder region. Int J Adv Med 2014;1:61-2.