Intra-oral Lipoma: A Rare Case Report and Review of Literature

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ABSTRACT
Benign soft tissue neoplasms commonly occur in oral cavity. Lipoma is one such benign tumour which rarely occurs in the oral mucosa. About 20% of lipomas occur in the head and neck region among which oral lipomas comprise only 1-4% of all lipomas. They slowly enlarge and they are known to grow to large sizes, thus causing mastication and speech difficulties. Usually, the lesion consists of a well circumscribed, lobulated mass of mature fat cells. Oral lipomas are usually asymptomatic, but in some situations, the covering mucosa becomes ulcerated and it presents difficulties in diagnosis. Here with, the present paper reports a rare case of intraoral lipoma in a 53-year-old female patient.

CASE REPORT
A 53-year-old female patient was reported to the department with chief complaint of a growth in right side of the cheek region. History of presenting illness revealed that the growth was small at the time of her initial observation, 2 years back, which had gradually enlarged and had attained the present size. It was not associated with any pain, but pain was occasionally felt, with some discomfort, while chewing food. On intra-oral examination, a single, dome shaped, sessile growth was noted on the right buccal vestibular region, whose size was approximately 1×1 cm in diameter, which was well circumscribed, smooth surfaced. The colour of the growth was normal to that of the adjacent mucosa. Palpatory findings revealed that it was soft in consistency, with slippery borders and that it was non-tender.

Provisionally, a diagnosis of a fibroma was given, based on its above mentioned clinical features, and a first differential diagnosis of a lipoma was given, because of its consistency and slippery borders. The lesion was excised completely and it was sent for a histopathological examination. Histopathological picture showed parakeratinized, stratified, squamous epithelium and fibrocellular connective tissue stroma, having large round to oval vacuolated cells with peripheral flat nuclei, resembling adipocytes.

By correlating both the above clinical and histological findings, a final diagnosis of an intraoral lipoma was made.

DISCUSSION
Since, the buccal mucosa is the region where there is abundant fatty tissue, it is reported to be the most common location of lipomas which occur in the oral cavity, followed by tongue and hard palate, which show very low occurrences of lipomas because they have lesser fatty tissues [1]. The aetiology and pathogenesis of lipoma remain unclear, but few influences have been reported in the literature, that include endocrine, mechanical, and inflammatory causes [2,3]. Very few reported cases of intra oral lipomas have shown rearrangements of 12q, 13q, and 6p chromosomes [4]. Clinically, these are painless, mobile, sub-mucosal nodules, which have a yellowish colour. They can be sessile or pedunculated, and the consistency varies from soft to firm [5].

Clinically, differential diagnosis of lipomas include dermoid cysts, ranulae, thyroglossal duct cysts, pleomorphic adenomas, ectopic

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Intra-oral lipomas are very rare and they are slow growing in their clinical course. Clinicians must be able to recognize these rare entities clinically, by differentiating them from other entities, so that adequate surgical excisions can be done, in order to reduce the recurrence rate and to thereby ensure that the patients get comfort and quality of life.

REFERENCES