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Lipoma of the Pulp of the Finger: Case Report and Literature Review

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Abstract: A spindle cell lipoma located in the pulp of the finger is reported in a 43-year-old patient. The tumor is asymptomatic. The histological study after a marginal excision confirms the diagnosis. Absence of local recurrence after 12 months. We emphasize the rarity of the location and of the histological type.
Keywords: lipoma, finger, pulp, spindle cells

INTRODUCTION

The lipoma of the hand is a rare lesion and the location at the fingers is even rarer [1, 2]. Clinically is asymptomatic with a slow evolution. The histology should eliminate the diagnosis of well-differentiated liposarcoma which is the main differential diagnosis and the giant cell tumor of the tendon sheaths. Through this observation of a spindle cell lipoma of the pulp of the index, we propose to synthesize this histological entity rarely located at the fingers, insisting on differential diagnosis compared to other lipomatous tumors.

CASE REPORT

Mr. K.M aged 43, right-handed; he is treated for a depressive syndrome. The patient had an asymptomatic mass of the pulp of the left index finger that had evolved for 3 years. On clinical examination, it is a mobile mass with an elastic consistency in the pulp of the left index finger with no cutaneous signs and no sensory deficit (Figs 1 and 2). Standard radiography showed a soft tissue tumor, without calcification or bone damage. Ultrasound showed a lobulated tissue mass, well-defined, measuring 4*2*2 cm, hypovascularized to Doppler and without signs of malignancy.

Fig-1, 2: Clinical appearance of the pulp tumor of the index

In view of the long evolution of the lesion and the lepromatous nature of the tumor, we decided to perform a biopsy-excision; a complete excision of the tumor was performed with excision of the distal part of the pulp skin (Figure 3). Exploration found an encapsulated fat tumor, which was easily and completely removed (Figure 4). The operative sequences were simple.

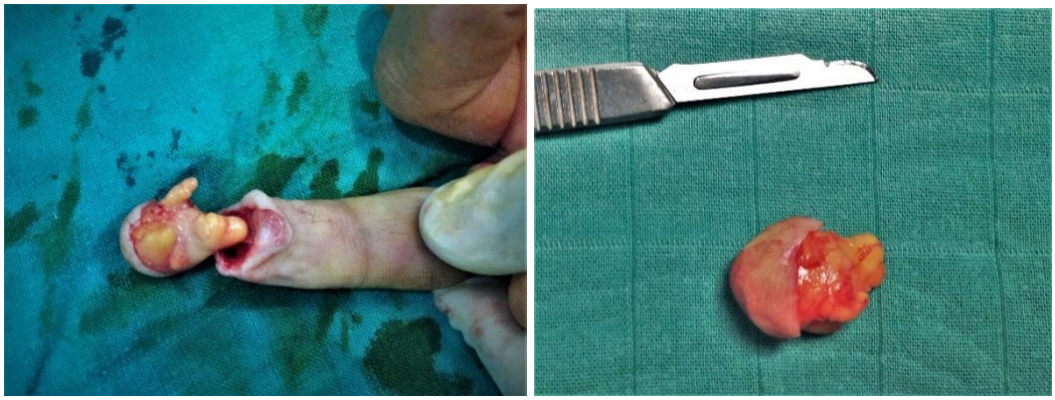

Fig-3, 4: intraoperative macroscopic aspect of the tumor

The histological study of the resection part, which measured 4 cm by 2 cm, concluded a lipoma with spindle cells without signs of malignancy (Fig 5, 6). With a follow-up of 12 months, the patient did not have recurrence.

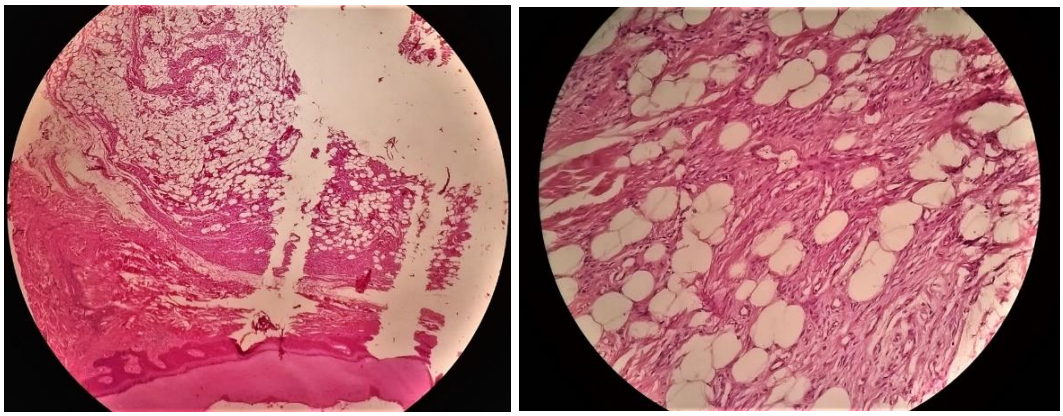

Fig-5, 6: Histological aspect of the tumor showing the presence of spindle cells between the adipocytes

DISCUSSION

At the fingers, marginal excision is the treatment of choice of lipomas. It should be as complete as possible in order to minimize the risk of local recurrences that remain exceptional [1, 2].

Histologically, the spindle cells lipoma is a rare type of lipoma; it represents 1.5% of all lipomatous tumors and is easily confused with Liposarcoma [3]. It is characterized by the presence of fat cells and fibroblast-like cells in a matrix of collagen and mucoid material [4].

It appears classically in the elderly man, it is localized mainly in the subcutaneous tissues of the neck, the upper back and the posterior part of the shoulder. Localization at the fingers is very rare. In the study of Nasir Ud Din [5] among 439 cases of spindle cell lipoma the tumor is located at the finger in 9 cases (2%).

The differential diagnosis with the greatest risk for the patient is liposarcoma. It is the most common type of soft tissue sarcomas in adults, with a frequency ranging from 1.1 to 2.5/1000 000 with a peak between 50 and 70 years [6, 7]. It can be more or less differentiated. The histological type varies from the deceptive aspect of lipoma-like sarcoma, which is a well differentiated tumor characterized by only chromatinic abnormalities, up to the most undifferentiated form containing immature adipose tissue with many lipoblastic cells [7]. Other differential diagnoses are ganglionic cysts, giant cell tumors, myxomas, angiolipomas and intraneural lipofibroma [2].

CONCLUSION

The lipoma of the fingers is rare; the diagnosis can be difficult because of their rarity at this level. The surgeon should not focus on the diagnosis of benign lipoma, more always evoke mainly liposarcoma. In a patient over 40 years old, a biopsy is necessary to eliminate liposarcoma. The histology after complete excision of the tumor confirms the definite diagnosis.

REFERENCES

1. Fnini S, Hassoune J, Largab A. Lipome géant de la main. Rev Chir Main 2010;29(1):44–7.
2. Chronopoulos E, Ptohis N, Chalazonitis A. Patient presenting with lipoma of index finger. Cases journal 2010; 3:20.

3. Thompson, Lester D.R. "Spindle-cell lipoma." Ear, Nose and Throat Journal, July 2009, p. 992+
4. Enzinger FM, Harvey DA. Spindle cell lipoma Cancer 36:1852-1859, 1975.
5. Spindle Cell Lipomas Arising at Atypical Locations Nasir Ud Din, MBBS Pingchuan Zhang, MD William R. Sukov, MD Christopher A. Sattler Sarah M. Jenkins, MS Leona A. Doyle, MD Andrew L. Folpe, MD Karen J. Fritchie, MD Am J Clin Pathol (2016) 146 (4): 487-495.
6. Kooby DA, Antomescu CR, Brennan MF, Singer S. Atypical lipomatous tumor/well Differentiated liposarcoma of the extremity and trunk wall: Importance of histological subtype with treatment recommendations. Ann Surg Oncol 2004;11(1):78–84.
7. Laurino L, Furlanetto A, Orvieto E, Del Tos AP. Well-differentiated liposarcoma (atypical lipomatous tumors). Semin Diagn Pathol 2001; 18(4):258–62.