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Giant Intramuscular Thigh Lipoma

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Abstract **Clinical Image**

Lipomas are the most frequent benign tumors in practice. The absence of specific clinical symptomatology is frequent allows the lipoma to grow silently, until it reaches a large size before the diagnosis and the doctor must include malignant soft tissue tumors in the differential diagnosis. We report the observation of a 40-year-old patient, who presented a painless swelling of the left thigh evolving for 13 years gradually increasing in volume. All evolving in a context of conservation of the general condition. A lipoma has been mentioned, but a liposarcoma still remains to be eliminated. The MRI did not find signs of malignancy, it made it possible to confirm the fatty nature of the tumor. an anterior ultrasound biopsy centered on the tumor, confirmed the result of the MRI. The excision of the tumor in its entirety was carried out by taking away the scar from the biopsy and respecting all the anatomical elements of the thigh. The pathological-anatomical analysis confirmed the diagnosis of lipoma. A step back of 2 years, the patient is asymptomatic, and the MRI showed no recurrence or malignant degeneration.

Keywords: Giant lipoma, liposarcoma,biopsy, surgical excision.

IMAGE IN MEDICINE

Lipomas are the most frequent benign tumors in practice. There are 2 types : superficial and deep. The last group, infrequent, can be classified as inter- or intramuscular lipomas. The estimated incidence is 10% and prevalence is 2.1 per 1,000.Giant lipoma is defined as a lipoma whose size is 10 x 5 x 3 cm or more . The absence of clinical symptomatology is frequent. This allows the lipoma to grow silently, until it reaches a large size before detection. The surgeon should include malignant soft tissue tumors in the differential diagnosis in these cases. [1]

We report the case of a patient aged 40 years, who presented a painless swelling of the left thigh evolving for 13 years gradually increasing in volume.All evolving in a context of conservation of the general condition. A lipoma was mentioned, but a liposarcoma remained to be eliminated. The MRI did not find any signs of malignancies, and it made it possible to confirm the fatty nature of the tumor (figure1). We performed an anterior ultrasound biopsy centered on the tumor, which confirmed the result of the MRI. The excision of the tumor in its entirety was carried out by taking away the scar from the biopsy and respecting all the anatomical elements of the thigh that were repressed. The lipoma weighed 4500 grams and measured 30 x 5 x 4 cm. The pathological-anatomical analysis confirmed the diagnosis of lipoma. A step back of 2 years, the patient is asymptomatic, and the MRI showed no recurrence or malignant degeneration.

A lipoma with a diameter greater than 5cm is considered a giant lipoma. Giant lipomas in the thigh area are rarely observed. Most of the related publications report clinical cases. The reasons for consultation frequently described in the literature are proven discomfort such as difficulty dressing properly, social pressure, functional limitation and sometimes even edema of the lower limb by compression. Apart from this functional discomfort, the painlessness and the progressive increase in the volume of the tumor delay the surgical consultation. The duration of evolution from the beginning to the stage of voluminous lipoma is very variable, and can easily reach years. Other localizations of giant lipoma are also mentioned, among others, at the level of the hand and forearm, at the level of the breast and even in intrathoracic [2].

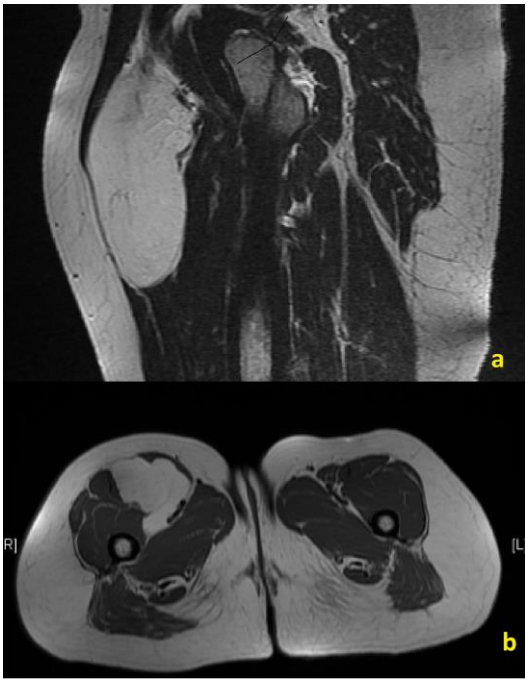

Figure-1: An MRI aspect in sagittal (a) and axial (b) sections, showing a voluminous deep intra-muscular mass measuring 30 x 5 x 4 cm at the expense of the intermediate vast muscle of the right quadriceps femoris, well limited in hyper signal T1 with the presence of thick septum in favor of a giant lipoma.

The evolution of these giant lipomas of the thigh can be enameled by the appearance of phenomena of compression of the sciatic nerve, a rupture and an infection of the tumor. These lesions should be discussed in relation to other benign and malignant mesenchymal tumors. Indeed, liposarcomas should always be included in the differential diagnosis. The radiography, the ultrasound of the soft parts, the CT scan and the MRI provide arguments of benignity of these tumors, but the diagnosis remains histological. The surveillance that needs to be extended. Indeed, a tumor recurrence is always possible as well as a sarcomatous degeneration [3].

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