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Surgery

Giant Lipoma of the Gluteal Region: A Case Report

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Abstract | **Case Report**

Lipomas are the most common benign mesenchymal tumours, They may be localized in almost body parts and may be in a giant form [1]. We report a case of a 50- year- old man, who presented with a mass evolving during 20 years in gluteal region, which measured 28 x 20 x 14 cm in diameter and weighed 2 kg. With surgical treatment the entire mass was successfully resected. Histology confirmed the diagnosis of giant subcutaneous lipoma. Cosmetic and functional results of the surgery and patient satisfaction were excellent. After surgery patient's quality of life was improved and restriction of body function was disappeared.

Keywords : Giant lipoma, benign tumor, medical imaging, surgery, quality of life.

INTRODUCTION

Among the most common mesenchymal tumours in humans are lipomas, which occur more frequently in adults aged 40-60 years [2]. Lipomas can arise in any location in which fat is present [3, 4]. They occur regularly in the upper part of the body, especially in the head, neck, shoulders and back [5]. Most lipomas are small, weighing only a few grams and measuring less than 2cm x 2cm. They usually remain asymptomatic and present simply as a localised mass that causes cosmetic concerns for the patient.

Lipomas are typically slow growing tumours, only a few grow to an exceptionally large size. A giant lipoma was defined by Sanchez *et al*., [6] as a mass that measures at least 10 cm in one dimension or weighs a minimum of 1000 g. In this report, we present a case involving a patient with a giant lipoma that altered the quality of life.

CASE PRESENTATION

A 50-year-old man was admitted to the university hospital center in Tangier, Morocco, with a twenty year history of painless swelling over the gluteal region which has progressively increased in size (Fig 1). There was no other mass in other parts of the body. He had the difficulty while sitting in an erect position and dressing, and could not walk long distances due to the disproportionate weight of the limb with the mass. Our patient had no relevant family history, systemic disease, or specific predisposing factors.

A physical examination revealed a pedunculated mobile mass with thickened skin, distinct contours, polypoide and bumpy aspect; it was localised exclusively in the medial part of right gluteal region (Fig 1). No deficits were detection on neurological examination.

Ultrasound examination revealed a huge, predominantly solid, soft tissue mass that measured 28 x 20 x 14 cm and was sharply contoured, polypoide, homogenous, isoechoic, and seat of poorly vascularized areas.

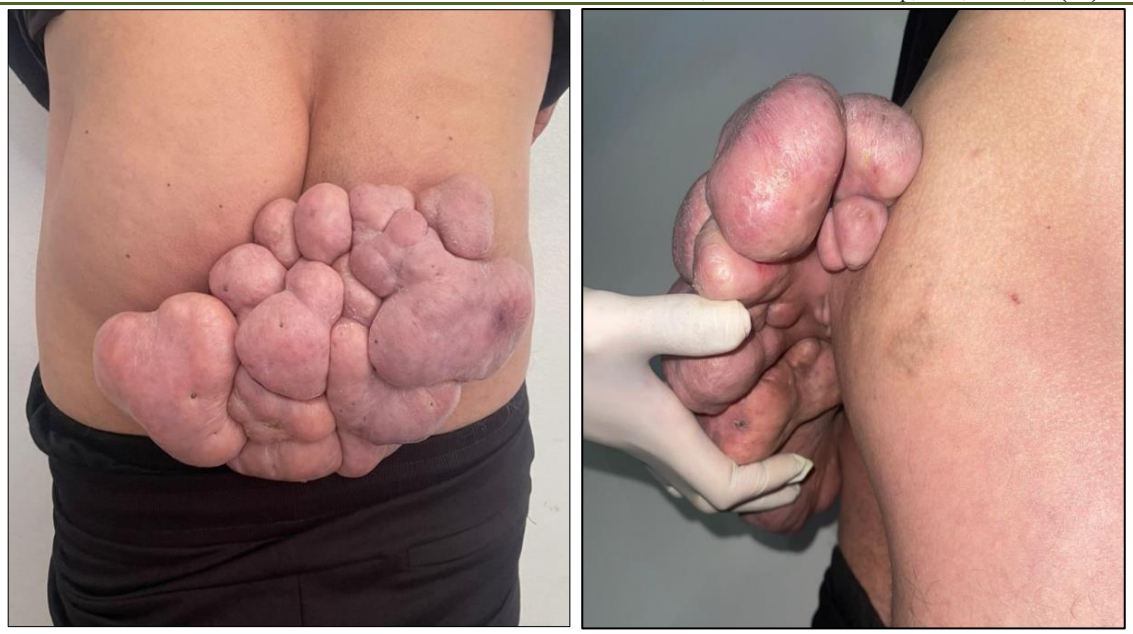

Figure 1: lateral and posterior view of the patient with a pedunculated mobile mass localized in the gluteal region

Figure 2: Excised specimen with postoperative view of the patient

The preoperative diagnosis was a giant condyloma. The patient was prepared for surgery while in the prone position, and he received local anesthesia. The excision was done in separate segments by using surgical blade for skin incision and bipolar electrocautery for mass excision with haemostasis control, the loss of substance was covered by a skin flap of the pedicle mass (fig 2). The patient was mobilised on the first postoperative day. for postoperative treatment, the patient received, antibiotic (amoxicillin- clavulanic acid 1g every 12 hours during 6 days), and analgesic (paracetamol 1g every 8 hours). No haematomas, incision complications, infection, or neurological complications were detected postoperatively. A specimen was sent for histopathological examination, and the results indicated a lipocytic lipoma. At the final follow-up (6 months after treatment) no recurrence has been recorded, and the patient was found to be free from all complaints and very satisfied (fig 3).

Figure 3: postopertive view of the patient (after 5 months)

DISCUSSION

In the literature, giant lipomas have been described as measuring up to 10 cm and weighing up to 1000g [7]. The present case is the largest giant lipoma, weighing 2 g and measuring 28 x 20 x 14 cm.

Giant lipomas may exert pressure effect on neighboring structures on account of their size, cause functional limitations, lymphedema, pain or nerve compression syndromes [3]. Other features and complications of giant lipomas are dragging sensation, bleeding from the site of ulceration [8, 9]. Social pressure may be the sole reason for seeking medical attention in some cases of giant lipoma [10]. Our patient presented because of inability to walk long distances, and more importantly, social pressure (marital pressure).

The exact aetiology of lipomas is unknown. Subcutaneous lipomas are associated with hypercholesterolaemia [11, 12], obesity [13, 14], and trauma [15, 16]. Trauma reportedly causes lipomas due to rupture of the fibrous septae, which induces adipose tissue migration and proliferation. We did not detect hypercholesterolaemia, an aetiology of trauma, or obesity in the present case.

Radiologic evaluation of lipomas is useful for diagnosis and surgical planning. Plain radiographs may demonstrate lucency consistent with fat. US, computed tomography, and MRI may elucidate further information [9]. In the present case, the benign nature of the lipoma was confirmed by US.

The ultimate treatment of giant lipomas is wide surgical excision [8]. In the present case, the surgical treatment was successful in that it relieved all of the patient's complaints. However there is a risk of recurrence after a variable period despite radical resection [8]. Histopathological examination of large lipomas must be performed carefully to rule out malignancy. The transformation of a large lipoma (>10 cm) to a liposarcoma is rare, In view of this, long-term follow-up of patients may be necessary as a precautionary measure [17]. In our case and during 6 months of follow-up we did not record a reccurence or other complications.

CONCLUSION

Our observation illustrates a particularly unusual case concerning its shape and its pedunculated exteriorization. In such a case not found in advanced countries still exist in developing countries like ours

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