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CASE REPORT

ORAL FIBROLIPOMA : A RARE CASE REPORT

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ABSTRACT

Lipomas are benign tumours of mesenchymal origin. Intraoral lipomas are rare, representing 1% to 5% of all benign oral tumors, although they are the most common mesenchymal tumors of the trunk and proximal portions of extremities. Their diagnostic importance lies in the distinction from other benign connective tissue lesions, salivary gland neoplasms and liposarcomas. They are usually treated by surgical excision and bear excellent prognosis. Here we report a case of intraoral lipoma in the buccal mucosa.

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INTRODUCTION

Oral lipomas are relatively rare entities that constitutes about 2.2% of all lipomas and 2.4% of all benign tumors. Fibrolipoma, an extremely rare subtype of lipoma accounts for about 1.6% of all facial lipomas and is characterized by mature adipose tissue interspersed with bands of connective tissue. Though etiology remains unclear, possible causes proposed in its origin includes trauma, infection, hormonal alterations and lipoblastic embryonic cell rests (Vivek *et al*., 2015). It usually occurs in the 4th and 5th decades of life, with no gender predilection. The most common site for oral lipoma is buccal mucosa followed by the tongue, lips, floor of the mouth, palate and gingiva. Clinically, intraoral lipomas present as slow growing, asymptomatic, painless, well circumscribed entities with characteristic yellowish colour, soft and dough feel (Khubchandani *et al*., 2012). Although it appears as an asymptomatic growth, its progressive growth can cause interference with speech and mastication; hence, early diagnosis and prompt treatment is essential.

Case Presentation

A 71-year-old male patient visited our department with a complaint of gradually increasing painless swelling since 2 years. The swelling was small at the time of his initial observation, which then gradually increased and attained the present size causing difficulty in mastication and speech. However, there was no history of hemorrhage, ulceration or discharge associated with the swelling. No abnormalities were noted on general physical examination. No extraoral evidence of swelling was noted. Intraorally well-defined, pedunculated, solitary oval swelling measuring approximately 2.5x1.5 cms occupying the right posterior buccal vestibule opposite to occlusal aspect of 46,47 was noted (Fig. 1a,b).

The mucosa overlying the swelling appeared pale pink, uniformly smooth, shiny with area of grayish pigmentation and with no secondary changes. Palpatory findings revealed that the swelling was non-tender, soft, mobile with margins slipping under the palpating finger. Based on the clinical findings a provisional diagnosis of intraoral lipoma was given. Differential diagnosis considered were soft tissue fibroma, lymphoepithelial cyst, mucocele. All the haematological parameters were within normal limits following which excisional biopsy was planned under local anesthesia. Blunt dissection was performed; the mucous membrane was undermined exposing an oval, encapsulated, and lobulated pale yellow mass measuring 2x2 cms (Fig. 2). Histopathological examination of excised specimen revealed haphazardly arranged dense mature collagen bundles with spindle shaped fibroblasts, intermixed with lobules of adipose tissue characteristic of fibrolipoma (Fig. 4). Hence, a final diagnosis of intraoral fibrolipoma was established. There was no recurrence on regular follow-up of the patient.

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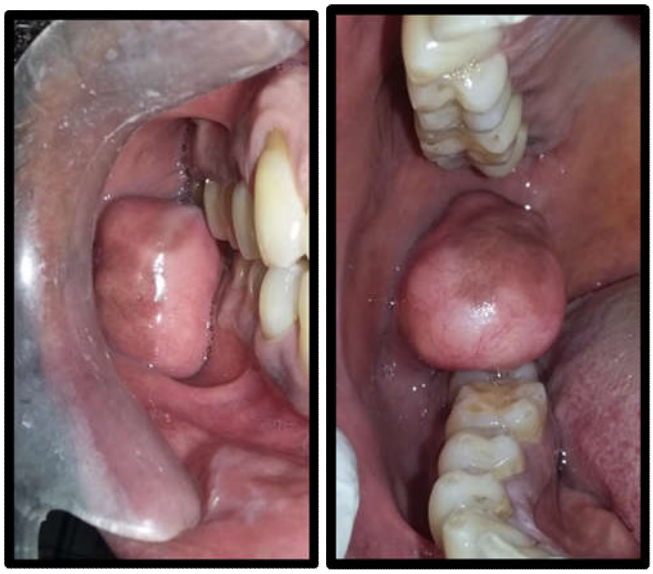

a b

Fig. 1a,b. Presence of swelling in right buccal vestibule covering the occlusal aspect of 46,47

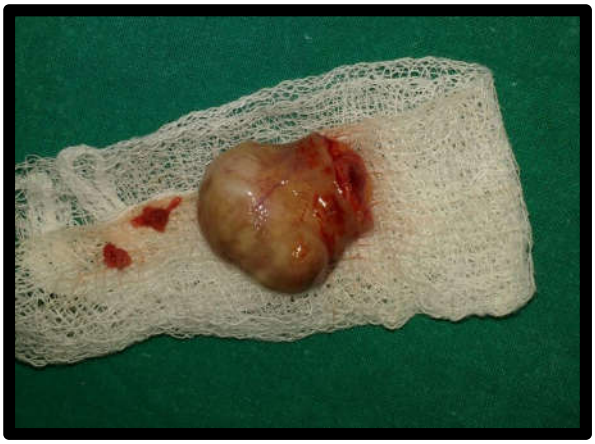

Fig.2. Excised specimen measuring approximately 2x2cm in dimension

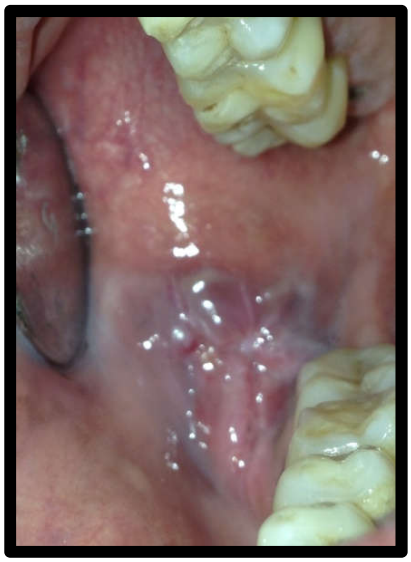

Fig.3. Postoperative picture of patient

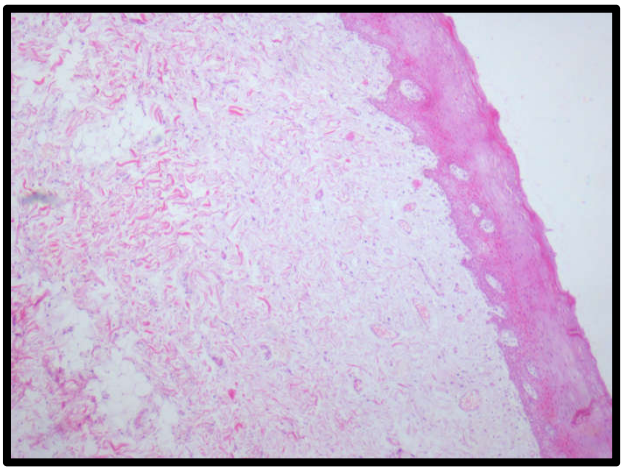

Fig. 4. Photomicrograph showing mature adipocytes with intervening connective tissue covered by stratified squamous epithelium

DISCUSSION

Lipoma is a common benign tumor of adipose tissue, but its presence in the oropharyngeal region is relatively uncommon, prevalence rate being 1 in 5000 adults (Vivek *et al*., 2015). The pathogenesis of lipoma is not certain. While most lesions are considered to be developmental anomalies; those which occur in the oral and maxillofacial region specifically, are presumed to be neoplasms of adipocytes associated with trauma (Chavan *et al*., 2013). Fibrolipoma is characterized by significant fibrous tissue mixed with lobules of adipose tissue and is reported more frequently in the buccal mucosa and vestibule. It has been proposed to arise via the degeneration of a fibromatous tumor, or from maturation of lipoblastomatosis. It has also been suggested that repeated mild trauma can also trigger the proliferation of fatty tissue (Iwase *et al*., 2016). We consider that the present case involved a classic lipoma and hyperplasia of fibrous tissue caused by repeated chewing-related trauma. Although oral lipomas occur at all ages, but the mean age of occurrence is around 40 years, while it is 34 years in case of fibrolipoma with a range from 3 to 56 years. Gender predilection has been a matter of controversy, with some authors claiming no predilection for either sex, whereas Manjunatha *et al*. reported higher incidence in males and some studies showed a female predilection (Vivek *et al*., 2015). The size of fibrolipoma depends on its location, but it is rarely >25 mm in diameter and is of varying consistencies ranging from soft to firm, depending on quantity and distribution of fibrous tissue and depth of tumor (Khubchandani *et al*., 2012). Multiple lipomas of head and neck have been observed in neurofibromatosis, Gardner syndrome, encephalocraniocu taneous lipomatosis, multiple familial lipomatosis and proteus syndrome (Chavan *et al*., 2013). Occasionally, Lipomas are confused with oral lymphoepithelial cysts (LECs), which can present with similar clinical findings and yellowish hue. Although oral LECs present as movable, painless submucosal nodules with a yellow or yellow-white colouration, they differ from oral lipomas in that the nodules are usually small at the time of diagnosis and usually occur in the first to third decade of life. Also, most oral lymphoepithelial cysts are found on the floor of the mouth, soft palate and mucosa of the pharyngeal

tonsil, which are uncommon sites for oral lipomas (Bandéca *et al*., 2007). Mucoceles can be differentiated from lipomas based on their obviously cystic, hemispherical, fluctuant clinical presentation and bluish hue. Because an oral lipoma can occasionally present as a deep nodule with normal surface color; salivary gland tumors and benign mesenchymal neoplasms should also be included in the differential diagnosis (Bandéca *et al*., 2007). The diagnosis of intraoral lipomas is usually clinical. Advanced imaging modalities such as magnetic resonance imaging enable to precisely delineate the anatomical extent of these lesions quite readily. In spite of availability of all these techniques, they cannot differentiate between the variants of lipoma and hence, histopathology remains the gold standard in the diagnosis of lipoma (Kumar and Naraniya, 2012). In a previous study, the proliferative activity of lipomas was examined by immunohistochemically analyzing the expression of proliferating cell nuclear antigen and Ki-67. As a result, it was suggested that Ki-67 expression is indicative of recurrence or malignant transformation. Another study found that fibrolipoma exhibits higher Ki-67 expression than classic lipoma and other variants of lipoma (Iwase *et al*., 2016). Mainstay of treatment for intraoral lipoma is complete surgical excision (Maheshwari *et al*., 2002). The prognosis of lipoma is generally favorable, and recurrence is unlikely when surgery is performed appropriately.

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