

Case Report

Large Lipoma in the Floor of the Mouth: a Case Report and Review of the Literature

Maedeh Salehi¹, Mina Motallebnejad², Ramin Forooghi³,
Anahita Gorbani⁴, Sepideh Siadati⁵

1. Dept. of Oral Medicine, School of Dentistry, Mazandaran University of Medical Sciences, Sari, Iran
2. Cellular and Molecular Biology research Center, Babol University of Medical Sciences, Babol, Iran
3. Dept. of Oral and Maxillofacial Surgery, School of Dentistry, Babol University of Medical Sciences, Babol, Iran
4. Dept. of Oral, Medicine Babol University of Medical Sciences, Babol, Iran
5. Dept. of Pathology, Babol University of Medical Sciences, Babol, Iran

ABSTRACT

Lipomas are a most common benign neoplasm of mature adipose tissue in trunk and extremities. The oral cavity rarely affected by this neoplasm (1-4%) and more occurs in buccal mucosa. Floor of the mouth is rarely affected. Usually its size is less than 3 cm. The present report shows an unusual case of large lipoma (5.5 cm in greatest dimension) in the floor of the mouth of a 68-year-old male and review of the literature.

Keywords: Lipoma, Oral Cavity, Case Report

Introduction

Lipoma is a benign neoplasm of mature adipocytes. Although it is most common soft tissue mesenchymal neoplasm elsewhere in the body, 15 to 20% of all cases occur in head and neck and rarely affecting oral cavity (1-4%). They correspond to 0.1 to 4.4% of all benign oral soft tissue tumors (1-10).

The common sites as an order of frequency are

buccal mucosa, tongue, lip, gingiva and floor of the mouth (4, 11-13). Oral lipoma has been known to occur in the males above 40 years of age, but it happens more in women than in men while others believed it occurs with equal predilection for both genders (1, 4, 6, 8, 9, 13, 14).

Oral lipoma presents as yellow, soft, sessile or pedunculated mass with smooth surface. In most cases, the size of the lesion is less than 3

Received: 25 April 2013

Accepted: 18 August 2013

Address Communications to: Dr. Sepideh Siadati, Department of Pathology, Babol University of Medical Sciences, Babol, Iran.

E-mail: Siadati_Sepideh@yahoo.com

cm and those greater than 5 cm are extremely rare (12-14). Lipoma is often slow-growing and asymptomatic as long as it reaches a certain size that can interfere with speech and mastication (4, 8, 10, 13).

The aim of this article is to report a case of a 68 – year- old man with a large oral lipoma in the floor of the mouth and review of the literature.

Case Report

A 68-year -old seemingly healthy man came to Oral Medicine Department, School of Dentistry, Babol University of Medical Sciences, Babol, Iran with painless swelling of the floor of the mouth that interfered with his eating. He reported that the mass had been there for the past 10 years. Physical examination revealed a yellow, pedunculated mass in the floor of the mouth that expanded to marginal gingiva of lingual surface of second and third molars (Fig.1).



Fig. 1: Clinical view of intraoral lipoma

On palpation the swelling was soft, non-tender with smooth surface. The adjacent part of it to the teeth was ulcerated. There were not any further problems in other regions of his mouth. Under local anesthesia, total excision of mass with intraoral approach was done. The mass was sent to pathology department.

Gross specimen was yellow-pink, encapsulated,

lobulated, soft tissue mass with dimensions of 5.5× 3.5× 3.5 cm.

In microscopic examination, a neoplastic lesion composed of mature adipocytes was lobulated by fine connective tissue containing blood vessels (Fig. 2, 3). A definitive diagnosis of lipoma was made. On the 18- month follow up no recurrence had occurred.

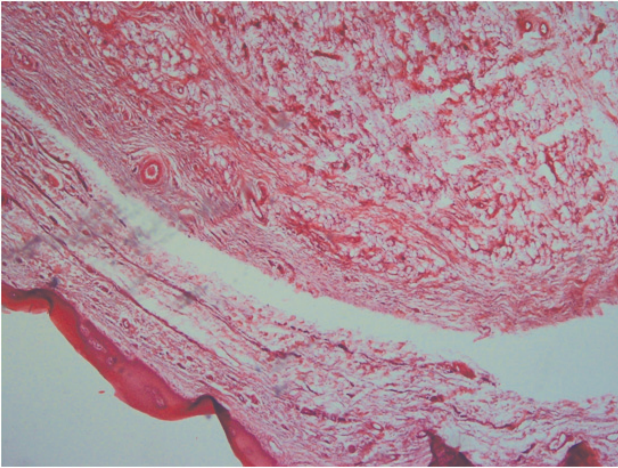


Fig.2: Mature adipose tissue covered by stratified squamous epithelium (H & E Stain×40).

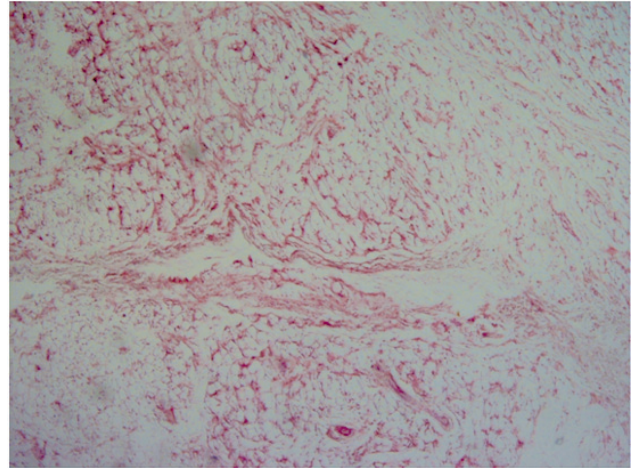


Fig.3: Closely packed adipocytes lobulated by thin fibrous septa (H & E stain×400).

Discussion

Lipoma is rarely affected oral cavity. In one study it represented to 0.5% of all oral cavity neoplasms during 31 years (4). Buccal mucosa and buccal vestibule are the most common locations of oral lipoma (8, 9, 13, 14). Oral lipoma of the floor of mouth in this patient was rarely reported (4, 5, 8, 11-13).

Mostly the size of this kind of lesion is less than 3 cm (12-14). The mean size of this lesion was 1.66 cm (9). Up to now a few articles presenting oral lipoma in Iranian population were published and the largest one was 4 cm, involving buccal mucosa (13, 15-17). However, in this case, the size of the mass was 5.5 cm, which is relatively rare.

Lipoma is usually slow-growing and asymptomatic. Hence, the lesion may be present for few years prior to patient's referral (4, 6, 10, 11, 14). In this patient, the lipoma was present for ten years.

The biology of lipoma differs from the normal adipose tissue. Decreasing of calorie intake reduces normal body fat but does not decrease the size of lipoma (4, 9).

Clinically, oral lipoma generally presents as yellow, mobile and painless mass (3, 6, 12). Occa-

sionally they present as fluctuant mass, therefore lesions such as lymphoepithelial cysts, dermoid and epidermoid cysts, ranula, pleomorphic adenoma must be considered in the differential diagnosis (6, 14). The presentation of represented case was an asymptomatic mass with soft consistency in physical examination.

The most common histologic variant is simple (classic) lipoma (5, 6, 9). Other variants including fibrolipoma, angiolipoma, myxoid lipoma and spindle cell lipoma are much less common (3, 5, 6, 12). Microscopic examination of this case revealed a simple lipoma.

Surgical excision is the treatment of choice of oral lipoma including all histologic variants (6, 12, and 7).

Conclusion

Although oral lipoma is rare tumor, it must be considered in differential diagnosis of oral soft tissue mass in order to correct therapeutic management. Surgical excision is a standard treatment and no recurrence is anticipated.

Acknowledgements

The authors declare that there is no conflict of interest.

References

1. Fregnani ER, Pires FR, Falzoni R, Lopes MA, Vargas PA. Lipoma of the oral cavity: clinical findings, histological classification and proliferative activity of 46 cases. *Int J Oral Maxillofac Surg* 2003; 32:49-53.
2. Nayak S, Nayak P. Lipoma of the oral mucosa: a case report. *Arch Orofac Sci* 2011; 6(1): 37-9.
3. Epivatianos A, Markopoutos AK, Papanayotou P. Benign tumors of adipose tissue of the oral cavity: a clinicopathologic study of 13 cases. *J Oral Maxillofac Surg* 2000; 58: 1113-7.
4. Sekar B, Augustine D, Murali S. Lipoma, a rare intraoral tumor – a case report with review of literature. *OMPJ* 2011; 2(2):174-7.
5. Furlong MA, Fanburg-Smith JC, Childers ELB. Lipoma of the oral and maxillofacial region: site and subclassification. *Oral Maxillofac Pathol* 2004; 98 (4): 441-50.
6. Bandeca MC, de Padua JM, Nadalin MR, Ozorio JE, Silva-Sousa YT, da Cruz Perez DE. Oral soft tissue lipomas: a case series. *J Can Dent Assoc* 2007; 73(5):431-4.
7. Trandafir D, Gogalniceanu D, Trandafir V, Caruntu ID. Lipomas of the oral cavity—a retrospective study. *Rev Med Chir Soc Med Nat Iasi* 2007; 111(3): 754 -8.
8. Annibali S, Cristalli MP, Monaca G, Giannone N, Testa NF, Lo Russo L, *et al.* Lipoma in the soft tissue of the floor of the mouth: a case report. *Open Otorhinolaryngol J* 2009; 3: 11 -3.
9. Studart-Soares EC, Costa FW, Sousa FB, Alves AP, Osterne RL. Oral lipomas in Brazilian population: a 10- year study and analysis of 450 cases reported in the literature. *Med Oral Patol Oral Cir Bucal* 2010; 15(5): e691 – 6.
10. Ikram R , Al-Eid AA. Oral lipoma in elderly Saudi patient: a case report. *Int J Health Sci* 2012; 6(1):97-103.
11. Scariot R , Giovanini AF , Torres- Pereira CC, Piazzetta CM , Costa DJ , Rebellato NL, *et al.* Massive growth of an intraoral lipoma. *J Contemp dent Pract* 2008; 9 (7): 115 –21.
12. Demir Y, Aktepe F. Unusually large intraoral submucosal lipoma. *Med J Kocatepe* 2002, (3): 63 –7.
13. Motagi A, Aminzadeh A, Razavi SM. Large oral lipoma: case report and literature review in Iran. *Dent Res J* 2012; 9(3): 350- 2.
14. Santos LCO, Wanderley Rocha SM, Carvalho CN, Oliveira EP, Costa Neves DF. Intraoral lipoma : an atypical case . *Braz J Otorhinolaryngol* 2011; 77(5): 676.
15. Lavaf S, Azizi A, Sajady F. A case report of oral lipoma. *Sci Med J Ahwaz Univ Med Sci* 2009; 7: 130-3.
16. Saghafi DH, Rahpeyma A, Salehinejad J, Zare R. Osteolipoma of the oral cavity: a case report and review of the literature. *Iran J Otorhinolaryngol* 2007; 19: 161-4.
17. Tavakoli A, Razavi M, Khabazian A. Lipoma in oral mucosa: two case reports. *Dent Res J (Isfahan)* 2010; 7: 41-3.