Lipoma: An Unusual Case With A Brief Review Of The Literature

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INTRODUCTION

An unusual case of lipoma was seen in Kluang District Hospital, Johore in February, 1974. It arises in the intermuscular plane between the pectoralis major and minor.

The purpose of this paper is to i) report this unusual case from the point of view of the site of occurrence, the problem in diagnosis and its pathological behaviour, ii) to review briefly the literature in lipoma which is a very common benign tumour.

CLINICAL RECORD

The patient - J. bin S. R.N. 1477/74 - is a 68 years old Malay man who first noted a swelling over his right breast 28 years ago. This swelling, he remembered, was initially small, but progressed in size over a period of one year. There was no pain. He had it excised in Johore Bahru General Hospital. There was no record of the pathology.

He was asymptomatic until 2 years prior to the present admission to hospital, when he again noted a swelling over the right pectoral region. This grew progressively towards the right axilla. There was no pain.

On examination there was a multinodular soft mass deep to the right breast and axilla. It was fixed to the underlying pectoral muscle. It was not tender. There were no lymphadenopathy in the axilla or neck. The left breast was normal.

Chest X-rays were normal. There was no rib involvement. The lung fields were clear.

Preoperative diagnosis of lipoma was made with a suspicion of malignant change.

On the 4th March, 1974 the lipoma was excised under general anaesthesia. An inframammary incision was made extending into the axilla. The multilobulated lipoma was found to lie in the plane between the pectoralis major and minor. The pectoralis major muscle was retracted and the lipoma dissected free from the pectoralis minor muscle to which it was attached at places. The wound was closed with a tube drain and compression bandage was applied.

Immediately post operative in the ward there was a lot of blood oozing from the drain. The patient went into shock which responded to 500 mls of whole blood transfusion. The compression bandage was reapplied and the oozing stopped. The rest of the post operative course was uneventful. On the 10th post operative day he was discharged in a satisfactory condition after the sutures were removed.

He was last seen two months post operative without any evidence of further recurrence of the lipoma. He is still being followed up.

The histopathology report:-

The specimen consists of three well circumscribed lumps attached together by fibrous strands. The largest measures 8.0 cms. in diameter. Out surface is uniformly yellowish.

Microscopically they are composed of lobules of fat separated by this fibrous septae.

The features are those of a simple Lipoma.

Part of the underlying muscle has also been excised and this does not show any pathological change.

REVIEW OF THE LITERATURE

Lipoma is a very common benign tumour. It can arise from almost anywhere in the body. Commonly it is found subcutaneously in the neck, back, shoulders, and abdomen. These are usually solitary, sometimes they are multiple. Adair et al. reported 6.7% of patients with lipomas have multiple lesions. Four fifth of patients with multiple lipomas are males according to a study by Muller. Other rare sites are face, scalp, hands, feet and sternal region. Lipomas arising in intermuscular planes especially the thighs and calf region, intrathoracic, retroperitoneal and the gastrointestinal tract have been described. Some occasionally arise from fascia and articular capsular of larger joints.

Lipoma can occur at any age, but according to Anderson 40 to 50% appear in the 4th and 5th decades. Similarly in a collective review published in the Journal of Surgery, Gynaecology and Obstetrics in July 1968 under the title of Cutaneous Lipoma and Lipomatosis, the average age of the patient is 41 years. From the same article, is a review of 134 patients seeking medical attention 73% were female. However, Muller noted that it is commoner in males but gave no figures.

Certain pathological features of lipoma are of interest. Wells in 1910 showed that the lipoma has no deficiency in lipase. He concluded that there were no reasons to believe it is beyond reach of body use. It is also known that lipoma grows while the body becomes emanciated. Deep seated lipomas for example in the thorax, abdomen, cranium, retroperitoneus, kidneys, tendons of hands and feet cause pressure symptoms. Angiolipoma is frequently painful, tender and red as compared to simple lipoma.

The etiology of lipoma is unknown. However several possible factors are implicated. They are:-

1. Genetic. Multiple lipomatosis is thought to be transmitted by Mendelian dominant gene.

2. Associated defects and conditions like multiple telangiectasia, neurofibrous, Gardener's Syndrome, and rheumatoid arthritis.

3. Local trauma. However Ewing showed that there was poor evidence for trauma as a cause.

4. Other etiologies like endocrine disease. Ballard et al. 1964 found lipoma in 11 of 85 patients under study for multiple endocrine adenomatosis. Syphilis and hypercholesterolnemia have been shown to be associated with lipoma.

DISCUSSION

The case presented here has several interesting features.

1. The lipoma recurred about 25 years after initial excision. This is an uncommon feature and was a factor which led us to suspect malignant change. One hundred and thirty four patients with lipoma were reported in a review in Surgery, Gynaecology and Obstetrics in July 1968 in which four lesions were recurrent, one recurring as a liposarcoma.

2. The site of the lipoma is unusual. However lipomas arising from intermuscular planes especially in the limbs have been described. To the author's knowledge, lipoma arising in the pectoralis muscle plane has not been reported.

3. The problem of diagnosis in this case is apparent. It appears like a breast lump and especially in a female it can be mistaken for a breast cancer or a retromammary tumour. The latter is rare. Leggett 1973 reported in detail 4 patients from his large personal series. None of the four was a lipoma.

SUMMARY

An unusual case of lipoma is described here. Its unusual features are highlighted. A brief review of the literature on lipoma is presented.

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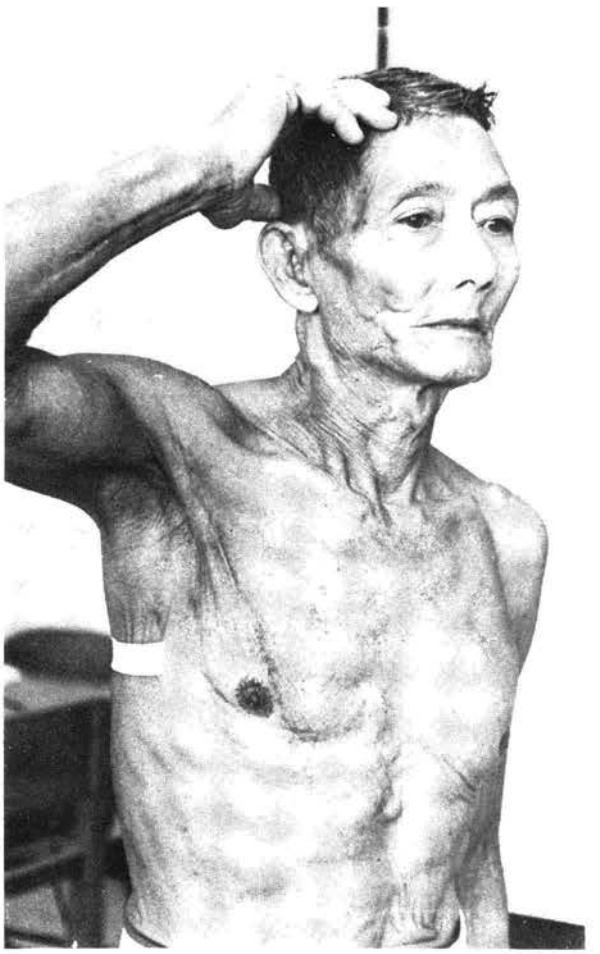

Figure 1. Two months post operatively, showing the inframammary scar of present surgery and a vertical scar due to surgery 25 years ago.