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Case Report

Giant Lipoma Anterior Neck: A Case Report

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Abstract

Lipoma arise in almost 50% of all soft tumours. The neck lipomas are rare tumours. Giant lipomas > 10 cm have been reported in different parts of the body but rarely in the anterior neck [3]. Most lipomas do not pose any difficulty in diagnosis [7]. The treatment of choice of cervical lipomas is surgical removal. We here present a case of giant anterior neck lipoma with a progressive increase in the swelling, located in the anterior aspect of the left side of the neck, without any pain, dyspnea, dysphagia or dysphonia reported.

Keywords: *Lipoma; Giant Lipoma; Anterior Neck Tumefaction*

Introduction

Lipomas are the most common benign mesenchymal tumor, present most commonly in the fifth or sixth decade of life and arising in any location where fat is normally present. Thirteen percent of all lipomas are located in the head and neck region [1].

Lipoma is a benign mesenchymal tumor [2]. Thirteen percent of all lipomas are located in the head and neck region [7]. Lipomas in the neck usually involve the posterior triangle [4]. Anterior neck lipomas are a rare entity while giant anterior neck lipomas (> 10 cm) are even rare [2].

Most of the benign lipomas are located in head and neck regions as well as the shoulder and back [3].

Lipomas can be superficial or deep; deeper lipomas are extremely rare and they are usually detected because of their size.

Localization of tumors determines the type of symptoms, which may comprise dyspnea, cough, and if located in the mediastinal areas, even palpitations [3].

Clinical examination alone is often insufficient to identify the nature and exact origin of the mass, in which case, imaging is necessary, particularly when the tumor is deep seated [7].

Case Presentation

A 64-year-old man, with a 20-year history of a mass located in the anterior aspect of the left side of the neck with a progressive increase in the swelling un the absence of pain, dyspnea, dysphagia or dysphonia.

Clinical examination revealed a soft mass with a loose consistency measuring over 10 cm long, not painful.

The cervical echography showed a big echogenic mass extending. A CT scan confirmed the diagnosis of a lipoma (Figure 1 and 2). The patient was operated on, and a complete excision of the tumour carried out. Histopathology confirmed the diagnosis of a lipoma.

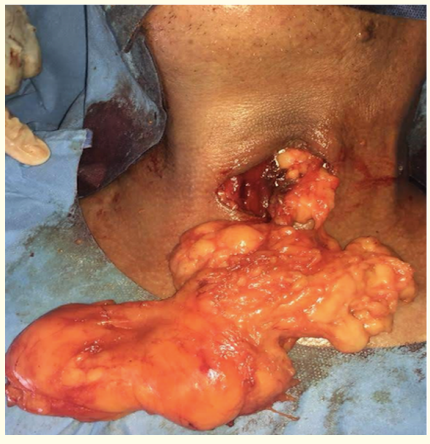

Figure 1: *Per-operatory view.*

Figure 2: *Post-operatory view of lipoma.*

Discussion

Lipomas are rare in the first two decades of life [5]. Solitary ordinary lipomas have seldom been objects of interest in the literature [4]. These benign lesions are rare in the first two decades of life, usually developing in the fifth and sixth decades when fat begins to accumulate in inactive, under-exercised individuals [4].

Below the clavicles, lipomas are more common in obese female patients over 40 years of age; however, in the head and neck region, men in their seventh decade are most often affected [2]. In a series of 25 cases of head and neck lipomas reported by Ahuja., *et al.* [7], 68 per cent were men, correspondingly in the series of Som., *et al.* [5] (52 per cent) of the cases reported were men [5].

The exact cause for lipoma is unclear though there is an association with genetic mutation in chromosome 12 in cases of solitary lipomas [2]. Malignant transformation in liposarcoma of the lipoma is fairly rare [5].

Diagnosis of head and neck lipoma starts with good clinical examination [7]. Lipomas are nonpainful, usually round, mobile masses with a characteristic soft, doughy feel on palpation, with the skin over them often feeling cool because of the insulating quality of fat [6]. Although most superficial subcutaneous lipomas can be suspected with a high degree of accuracy by clinical examination alone, very large, deep-seated or infiltrating lipomas, as well as lipomas arising from unusual regions within the head and neck, require imaging for further assessment and diagnosis [3].

An ultrasound can give a clear and fast diagnosis of a lipoma. Typically, a lipoma presents in the ultrasound as a more or less homogeneous hypoechoic lesion that can be ovoid or lobulated [3]. However, lipomas may be sometimes isoechoic or even hypoechoic relative to adjacent muscle [6].

The CT attenuation number is related to the radiodensity of a lesion [6]. The attenuation number of water is set arbitrarily at zero [5]. Thus, lipomas have the typical CT characteristics of a homogeneous mass with few septations, a low CT attenuation number (usually measuring between -50 and -150 Hounsfield Units (HU)) and no contrast enhancement [6]. The MRI can also clearly define the limits of the lipoma from normal adipose tissue [3].

One weakness in the use of current diagnostic imaging techniques in the diagnosis of tumours of fatty tissue, is that neither CT nor MRI can differentiate a lipoma from a liposarcoma. This distinction can only be made with certainty by histopathological examination [3].

Conclusion

In the head and neck region, lipomas can present in a variety of different ways. Most occur subcutaneously in the posterior neck and, unlike those in other body regions, have a male predominance. Lipomas can rarely occur in the anterior neck. Sonography are not always useful in achieving a correct diagnosis. Computed tomography and MRI scans allow a specific pre-operative diagnosis in virtually all cases.

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