

CASE REPORT

Intraoral Fibrolipoma- a Case Report with Review Of literature

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ABSTRACT:

Oral lipomas are benign and rarely seen in oral cavity, However, functional and cosmetics disabilities can be related. Hence, correct histopathological examination of lipomas is important. Fibrolipoma is one of the rare variant of the lipoma and very few cases have been reported in the oral cavity. This article describes a case of 42-year old female with fibrolipoma of the buccal mucosa with a relevant review of the tumor.

Key words: *Fibrolipoma; Oral Cavity.*

INTRODUCTION:

Lipomas are the commonest benign neoplasm, but they have been considered very unusual growths in the mouth.¹ Fibrolipoma is one of the variants of lipoma in which neoplastic fat cells are embedded within dense collagen.² We report a case of fibrolipoma in a 42 year old female.

CASE REPORT:

A 42 year old female patient reported to the outpatient department of MCOADS, Mangalore with a swelling on right buccal mucosa. The swelling was first noticed 4 years back ago which showed slow continuous gradual enlargement causing discomfort on occluding the teeth. Clinical examination revealed a pink colored, ovoid, smooth pedunculated swelling of 2.0 X 2.0 X 1.5 cm³ size. The lesion on palpation was found to be soft, fluctuant in consistency and mobile in nature.

A clinical diagnosis of lipoma/ benign salivary tumor was made. The tumor was excised and the tissue was sent for histopathological examination to the department of oral pathology. Macroscopic examination revealed one soft tissue of creamish white colored, firm in consistency, smooth surface and

measuring 1.9 x 1.4 x 0.5 cm³. Microscopic findings revealed the connective tissue stroma consisting of dense collagen bundles and lobules of mature adipocytes with no cellular atypia. Proliferating fibroblasts, few chronic inflammatory cells infiltrate and compressed blood vessels engorged with RBC's were also evident in the connective stroma. The overlying epithelium is atrophic stretched parakeratinised stratified squamous epithelium. Correlating with the clinical and with histopathological examinations, the above lesion was suggestive of Fibro-lipoma.

DISCUSSION:

Benign lipomas are the most common mesenchymal tumors of soft tissues, but only 1-4% affects the oral cavity. Roux in 1848 described the first oral lipoma and he referred it to as "yellow epulis". Most lipomas are developmental ones occurring in maxillofacial regions usually arise late in life and are presumed to be neoplasms; occasionally associated with trauma. Few lipomas show re-arrangement of 12q, 13p, 6p chromosomes.^{3 & 4}

They are usually found as long-standing soft nodular swellings covered by normal mucosa. The lipoma lesion can occur almost anywhere in the body; oral lipomas predominantly affect the buccal mucosa, lips, tongue, palate and floor of mouth.⁵

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Histologically, classic lipomas are composed of mature adipose tissue with true lipoblasts showing no cellular atypia. Adipose tissues can be admixed with other mature benign mesenchymal tissue thus, necessitating sub-classification. Several variants described include angio-lipoma, chondroid lipoma, myo-lipoma, spindle cell lipoma, pleomorphic lipoma, fibrolipoma, osteolipoma/chondrolipoma, myelipoma, adenolipoma, perineural lipoma, myxoid lipoma.³ Classic lipoma comprises the majority but few authors have found equal incidence of lipomas and fibrolipomas.^{6 & 7} This could be due to difference in the histological criteria. In our case, adipose cells were surrounded by dense collagenous bundles characteristics of fibrolipoma.

It has been suggested that fibrolipoma arise from the maturation of the lipoblastomatosis which is an infiltrative type of benign neoplasm with lobules of immature fat cells separated by connective tissue septa and areas of loose myxoid matrix. Further, maturation of both adipose and fibrous tissue results in mature strands of collagen separating fat cells into lobules.⁷

Fibrolipoma should be differentiated from spindle cell lipomas which will have spindle cells in mucinous/fibrous background. On occasion, fibrolipomas can be confused with herniated buccal pad of fat but the characteristics well-circumscribed nature and lack of history of trauma will help in differentiating it.⁸

The treatment of lipomas including fibrolipoma is usually surgical excision with rare recurrence. The asymptomatic course will allow the lesion to grow in most cases; it is the cosmetics that prompt the patient to seek dental assistance. However, few complications like (a) obstruction of upper airway leading to asphyxial death in case of oesophageal fibrolipoma have been reported⁹ and (b) in long standing cases, liposarcoma¹⁰ can also occur.

CONCLUSION:

Although oral lipomas are relatively uncommon benign neoplasm, other lesions can also have similar clinical findings. Therefore, we suggest that a clinician should carry out the histopathological examination for the final diagnosis.

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FIGURE 1: GROSS SPECIMEN OF FIBROLIPOMA SHOWING YELLOWISH COLORED ADIPOSE TISSUE

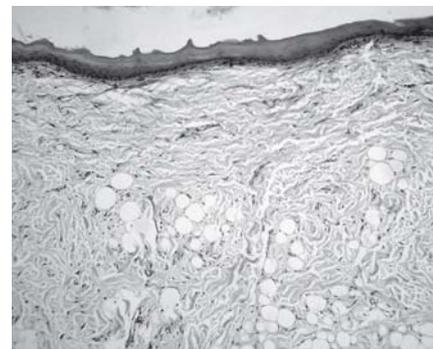


FIGURE 2: FIBROLIPOMA OF BUCCAL MUCOSA SHOWING MATURE ADIPOCYTES SURROUNDED BY COLLAGENOUS CONNECTIVE TISSUE