

Case Report

Giant Hip Lipoma with Physical and Psychological Impact at Bamako Dermatology Hospital

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Abstract: Giant lipomas are voluminous benign mesenchymal tumors formed by fatty lobules from mature adipose tissue and whose exact etiological is not yet elucidated. We report the case of a 64-year-old patient with a giant lipoma at the hip with physical and psychological impact. Treatment was surgical and consisted of a wide excision of the mass. The surgical piece measured 378X303 mm and weighed 2600 grams. The surgical follow-ups were simple. The late management of lipomas can lead them to reach an inordinate size causing disabilities and increasing the possibility of neoplastic transformation. After excision, a pathological anatomopatological study is required to rule out a liposarcoma.

Keywords: Giant lipoma, Handicap, Wide Excision.

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INTRODUCTION

Giant lipomas are large benign mesenchymal tumors formed by fatty lobules from mature adipose tissue and whose exact etiology has not yet been elucidated [1].

For a lipoma to be considered giant, it must measure at least 10 centimeters in one of its dimensions or weigh at least 1000 grams. Lipomas with similar dimensions are also rarely encountered and must be differentiated from liposarcomas or other soft tissue tumors [2].

We report the case of a 64-year-old patient causing handicap giant lipoma of the hip of about ten years of evolution which became very troublesome and even affected his intimate relationship. This observation reveals that, out of complex or ignorance, people delay seeing health personnel for their illness to the point that it comes to bring obstacles to their personal life.

OBSERVATION

This was a 64-year-old male patient with a history of apparent good health who consulted our department for a mass in the hip on the right side. The beginning of the mass would go back to 10 years ago

with a little more accelerated growth the last two years, not painful, causing him difficulties to wear his pants and sometimes an embarrassment in the realization of certain movements as well as a certain psychological weight but without any other features. The clinical examination showed a large, non-moving mass with an extended base, painless exceeding the spine on the left; reaching the flank on the right, the upper third of the buttock below, the costal margin above and many cm long axes at the level of the hip (Figure 1).

The imaging study did not show any alteration. Soft tissue ultrasound performed in the patient revealed the presence of a non-vascularized tissue mass in the upper quadrants of the gluteal muscle on color Doppler measuring 378X303 mm and evoking the appearance of a lipoma developed at the expense of the upper quadrants of the gluteal muscle. The X-ray study did not show any major alteration (Figure 2).

Biological assessments were unremarkable. The treatment was surgical and consisted in the total excision (Figure 3) of the mass that weighed 2600 grams.

The entire piece (Figure 4) was sent to histology study which described a firm consistency of

yellowish-gray staining; the section slice was nodular and yellowish from the macroscopic point slice. Microscopically, a lobulated tumor proliferation made up of adipocytes separated by fibrous septa without atypical state was observed. Elsewhere, it was fibrous, swelling skin tissue. The study finally concluded with

the histological appearance of a remodeled lipoma of the skin.

The postoperative course was simple with good healing and patient satisfaction. After two years of follow-up, no recurrence was noted.



Figure 1: Preoperative state of the patient



Figure 2: Patient Imaging study: X-ray (left) and ultrasound (center and right)

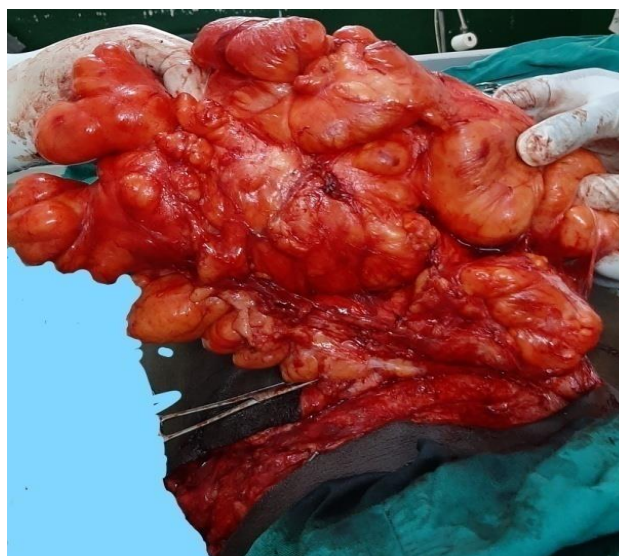


Figure 3: Intraoperative appearance of the giant nodular lipoma



Figure 4: Operative specimen with lobules on the left and with skin flap on the right



Figure 5: Postoperative state of the patient on Day 10

DISCUSSION

Lipomas, referred to as giant as previously conceptualized, are also rarely found and must be differentiated from liposarcomas, malignant fibrohistiocytomas and other soft tissue tumors due to the close relationship with size [2].

Many lipomas are less than 5 cm, but there are reports of giant lipomas over 20 cm [3].

D'Alessandro *et al* made an observation of a lipoma in a 65-year-old patient with 20 years of evolution in the thigh with the dimensions of 24 x 11 x 10 centimeters and a weight of 1255 grams. Días Lacerda *et al* reported in a 65-year-old patient, a case in the left popliteal fossa of 12 years of evolution, with a dimension of 178x90 mm, and weighing 650 grams. MANTEROLA also wrote about a 42-year-old left gluteal lipoma case with dimensions 22 x 10 x 8 cm, weighing 1650 grams and evolving for 5 years. Dembélé *et al.*, also reported the case of a 69-year-old

patient with a giant gluteal lipoma of approximately ten years of evolution with dimensions of 23x15x12 cm and a weight of 2070 grams [4].

It should be noted that despite the rarity of giant lipomas, the literature describes the work of certain cases similar to this case that we present but none of them reaches its dimensions of 378X303 mm and its weight of 2600 g which makes its particularity.

The prevalence of giant lipomas is greater between individuals from 40 to 60 years old and can be located on any part of the body where there is fatty tissue such as the neck, the back; the buttocks, the extremities and even at the visceral level which is an uncommon presentation [5].

In most cases the lipoma can be correctly diagnosed by clinical examination alone [6]. The diagnosis is therefore essentially clinical [7].

Even very often, a hierarchical initial radiological assessment including a standard X-ray; an ultrasound then an MRI and necessarily completed by a biopsy will make it possible to make the diagnosis of giant lipoma and to suspect the elements in favor of a malignant etiology; the frequency of which is not negligible [1].

In our low-income countries where MRI is often more expensive and given the limitation of resources (proper reason for not performing this examination in our patient), ultrasound is the reference examination for the diagnosis of superficial lipomas and in extremities. It shows a well-defined oval or elongated formation with a long axis parallel to the skin plane. Its echogenicity is variable depending on the interfaces between the fatty tissue and the connective elements. It appears hypo echogenic or more characteristically hyper echogenic with a homogeneous or slightly heterogeneous structure [8].

One must think about the differential diagnoses of giant lipomas. This is why a malignant process should be systematically excluded, but the distinction between “lipoma” and “well-differentiated liposarcoma” remains a dilemma [1], hence the interest of anatomopathological study.

Lipomas can present atypical histological characteristics, which mean that on the one hand they are considered as atypical or well-differentiated liposarcomas and on the other hand that the differential diagnosis with liposarcoma is directly made [9].

Total excision including the pseudo capsule is essential to prevent recurrences. Resections of surrounding tissues are not recommended because most of the lesions are benign and this could increase the morbidity associated with the procedure [9].

Recurrence is rare (2-5%) and requires long-term postoperative monitoring [10]. Ignorance or complex can lead to late treatment of lipomas resulting in disproportionate dimensions and even the malignant transformation of lipomas.

CONCLUSION

Delayed management of lipomas can cause them to grow to a disproportionate size causing disabilities and increasing the possibility of malignancy. The treatment of a causing handicap giant lipoma is eminently surgical and after which an anatomopathological study is necessary to rule out a liposarcoma.

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