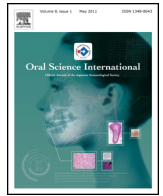




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Case Report

Osteolipoma: a painless mandibular mass

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ABSTRACT

Lipoma is the most common benign mesenchymal soft tissue neoplasm in adults. It is rarely seen in the oral cavity and comprises 1–4% of all benign oral lesions. There are different types of lipomatous tumors that contain other predominant mesenchymal elements such as cartilaginous/osseous tissues. Osteolipoma is a rare histopathologic variant of lipoma accounting for less than 1% of all lipomatous cases. Eight cases of this type of lipoma were reported in the mandibular buccal vestibule. The present study aims to report a rare condition: a patient with osteolipoma situated in the mandibular region. In addition, a literature review is presented.

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1. Introduction

Lipoma is the most common benign mesenchymal soft tissue neoplasm in adults. It is rarely seen in oral cavity and comprises 1–4% of all benign oral lesions [1]. Lipomas in general are composed of mature adipocytes. However, there are different types of lipomatous tumors that contain other predominant mesenchymal elements such as blood vessels (angioliipoma), spindle cells (spindle cell lipoma), fibrous connective tissue (fibrolipoma), muscle (leiomyoliipoma), salivary gland (sialoliipoma), myxoid (myxoliipoma), and cartilaginous/osseous (chondro/osteoliipoma) tissues [2,3]. Osteolipoma is a rare histopathologic variant of lipoma accounting for less than 1% of all lipomatous cases [4,5]. This lesion was described in many anatomic sites, including the scapula, vertebral spine, neck, skull, suprasellar region, tuber cinereum, oral cavity, and pharyngeal region [2,4,6–8]. Only eight cases of this rare type of lipoma were reported in the mandibular buccal vestibule/alveolar mucosa (Table 1) [5,7,9–14]. In this study, we report a very rare condition: a patient with osteolipoma situated in the mandibular region.

2. Case report

A 60-year-old female was referred to our institution because of a painless right submental swelling that had grown slowly in the past 5 years. She denied local trauma or other oral lesions, and her past medical and familial histories were unremarkable. Examination showed a 1.5-cm well-defined, mobile nodular mass with hard consistency. The swelling caused discrete facial asymmetry without changes in the overlying skin. No enlarged lymph nodes were noted (Fig. 1).

Laboratory studies showed normal total serum calcium, cholesterol, and parathormone levels. Fasting glucose (134 mg/dL) and C-reactive protein (11.59 mg/L) levels were elevated. There were no signs of infection, and previous diagnosis of diabetes mellitus was denied. No alteration was found in the panoramic X-ray. Computerized tomography (CT) scan of the jaw with 3D reconstruction image demonstrated a hyperdense mass that was well-circumscribed on right parasymphysis. This mass had a central calcified portion measuring 1.2 cm in its largest diameter. There were no previous images for comparison (Fig. 1).

Under local anesthesia, the lesion was accessed through the oral cavity and excised. It had a yellowish appearance, and it was not attached to the mandibular bone. The specimen was sent for pathological examination. Grossly, it showed a fibrous consistency and measured 26 × 16 × 9 mm (Fig. 2). Histopathological assessment was consistent with a non-encapsulated proliferation of mature adipose tissue. Connective tissue septa were observed separating the adipocytes at lobules. Some areas of normal bony trabeculae

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Table 1
Osteolipomas reported in the mandibular region.

Authors	Location	Sex/Age	Clinical presentation	Time of evolution (year)	Imaging findings	Size (large diameter) (mm)	Follow up	Bone attachment
Hughes [9]	Oral, right mandibular buccal vestibule	M/69	Painless and soft yellowish mass Slight facial asymmetry	NA	NA	35	NA	No
Dutescu et al. [10]	Left mandibular space	M/40	Facial asymmetry, peripherally tender, almost pasty, firm in center	3	Roentgenogram of excised tumor showing an uneven central opacity	70	NA	No
Allard et al. [11]	Oral, Left mandibular buccal vestibule	F/81	Facial asymmetry, painless, bony consistency	30–40	Well-defined radiopaque mass with a pattern of irregular trabeculae (occlusal radiography)	35	NA	No
Ohno [12]	Extending from right parapharyngeal gap to the medial side of the mandible	F/58	Soft and immovable mass displacing the submandibular gland inferiorly	1	The mass showed low-density contrast suggesting fat and the presence of a bone-like tissue resembling teeth (CT)	90	No recurrence	No
Saghafi et al. [13]	Oral, right mandibular alveolar mucosa	M/68	Painless, firm, and movable mass covered by smooth normal oral mucosa	4	No evidence of cortical abnormality or influence on the surrounding structures (radiograph)	18	No recurrence	No
Kavusi et al. [5]	Left submandibular area	M/67	Asymptomatic mobile mass, no changes in the overlying skin	10	Well-circumscribed mass within the left submandibular space anterior to the submandibular gland (Contrast-enhanced CT scan of the neck)	40	NA	No
Silva et al. [14]	Right mandibular fornix	F/17	Nodular, hard mass, discreet discomfort	5	NA	10	No recurrence	No
Amaral et al. [7]	Oral, left mandibular buccal mucosa	M/51	Nodular, well-defined, asymptomatic movable firm mass covered by normal mucosa	3	Well-defined hyperechogenic mass with areas of calcification (ultrasonography)	20	No recurrence	No
Current case	Right submental area	F/60	Painless right submental swelling that had growth slowly	5	Hyperdense mass well-circumscribed on the right parasymphysis (CT of jaws)	15	No recurrence	No

NA not available, M male, F female, CT Computerized Tomography, MRI Magnetic resonance imaging.

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