



## Case Report

## Multiple spindle cell lipomas of the tongue: A case report



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## ABSTRACT

Spindle cell lipoma (SCL) is a rare benign adipocytic tumor typically arising in the upper neck, back, and shoulders and less commonly in the oral cavity. To our knowledge, only three cases of multiple SCLs of the tongue have been reported previously. We describe a rare case of multiple SCLs of the tongue. A 68-year-old man presented with a 2-year history of a painless swelling measuring 42 and 19 mm in the left side of the tongue. Magnetic resonance imaging showed two well-demarcated lesions that were internally homogeneous. A biopsy was performed for histologic evaluation. With a preoperative diagnosis of multiple lipomas of the tongue, we resected the tumors surgically under general anesthesia. Histopathologic evaluation showed that the lesions were comprised of mature adipocytes with admixed spindle cells in a fibrous myxoid stroma. Immunohistochemically, the lesions included spindle cells that were positive for CD34 and negative for S-100 and CDK4. The final diagnosis of SCL was made based on these findings. The patient was followed for 12 months without a recurrence.

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## 1. Introduction

In 1975, Enzinger and Harvey first described spindle cell lipoma (SCL), a distinct variant of lipoma derived from prelipoblastic mesenchymal cells [1]. The histopathological features of SCLs are a mixture of bland mitotically inactive spindle cells arranged in parallel with the fat cells and associated with thick rope-like collagen bundles [2,3]. A SCL typically occurs as a solitary lesion in the posterior neck and back of elderly men aged 45–70 years [3–5]. However, oral SCLs are rare, and multiple SCLs in the oral cavity are exceedingly rare [1,2]. To our knowledge, only 42 cases of SCL in the oral cavity involving three multiple SCLs in the tongue have been reported [2–42].

We report a case of multiple SCLs localized to the tongue in a 68-year-old man and present the clinical, histopathological, and immunohistochemical findings.

## 2. Case report

A 68-year-old Japanese man presented to our department in November 2014 with the complaint of a painless swelling on the left side of his tongue. He had noticed the slight swelling 2 years previously. He presented to a general hospital when he noticed rapid growth of the mass. He was referred to our department for a detailed examination. He had no remarkable medical and family histories. All other laboratory examinations were normal.

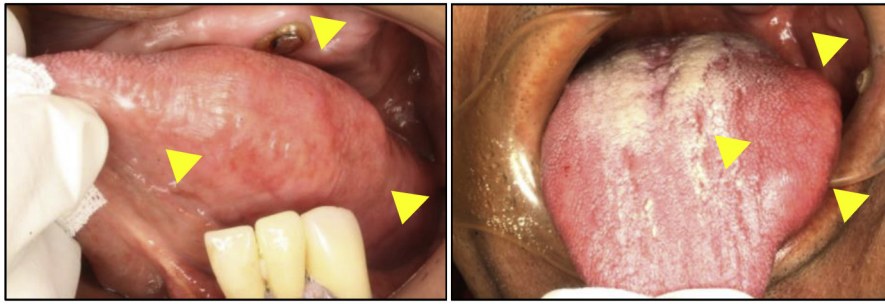
Clinical examination revealed soft bosselated nodules covered by normal mucosa with maximal diameters of 42 and 19 mm in the left margin of the tongue (Fig. 1). Magnetic resonance imaging (MRI) showed two lesions localized to the left side of the tongue that were well defined and hyperintense on T1-weighted images (Fig. 2A) and well defined and hypointense on fat-saturated T1-weighted images (Fig. 2B). The findings on the T2-weighted images were similar to those of the T1-weighted images. Based on these findings, we suspected a lipogenic tumor such as an ordinary lipoma. A biopsy was performed to make the histologic diagnosis. Histologically, the tumors showed adipose tissues, which consisted of mature lipocytes, and we diagnosed multiple lipomas preoperatively (Fig. 3).

In December 2014, the lesions were removed under general anesthesia with the surrounding musculature and fascia, with a

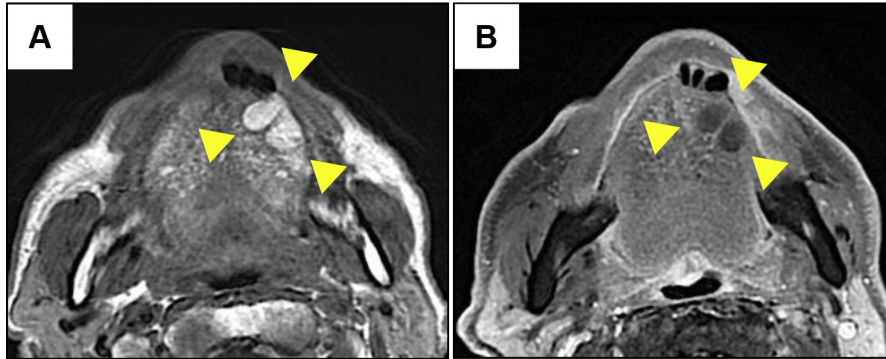
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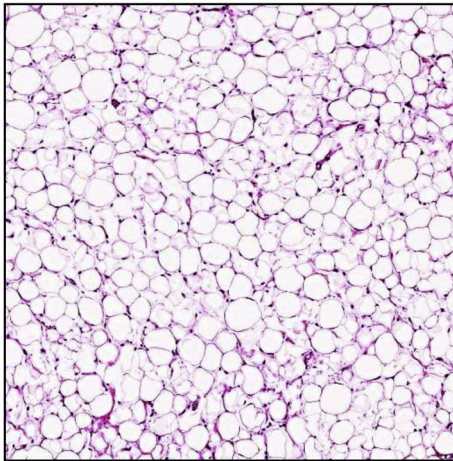
E-mail address: [end@faculty.chiba-u.jp](mailto:end@faculty.chiba-u.jp) (Y. Sakamoto).



**Fig. 1.** Clinical appearance of the submucosal nodules (arrowheads) in the left side of the tongue.



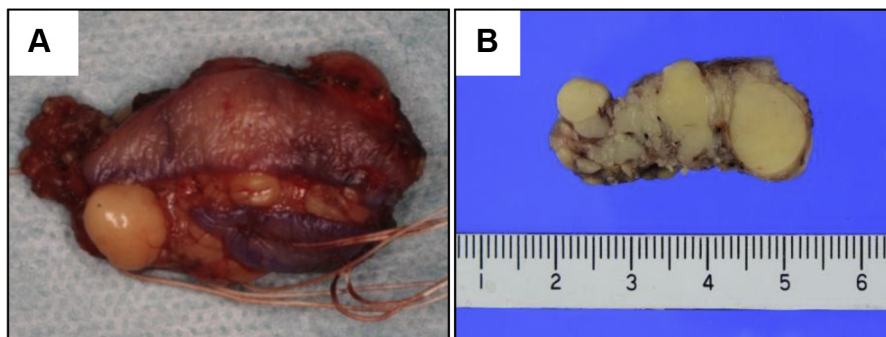
**Fig. 2.** The signal intensity of the tumor on magnetic resonance imaging scans. (A) On a T1-weighted image, the tumor has high signal intensity in the left side of tongue (arrowheads), and (B) on a fat-saturated T1-weighted image, the tumor has low signal intensity (arrowheads).



**Fig. 3.** The micrographic appearance of the biopsy specimen shows mature lipocytes in the adipose tissue.

surgical margin of about 5 mm. We confirmed intraoperatively that the lesions were beneath the fascia and embedded in the lingual muscle but not adherent to the surrounding tissues. The excised specimen was 48 mm × 25 mm × 13 mm (Fig. 4A). Each nodule was 15 mm and 12 mm in size with a yellowish-white cut surface (Fig. 4B).

Histopathological analysis of the resected specimen showed that the lesions were comprised of two nodules mainly in the lingual muscles under the stratified squamous epithelia (Fig. 5A). The tumors were similar and comprised mainly of mature adipocytes with admixed spindle cell in a fibrous myxoid stroma (Fig. 5B). Immunohistochemical analysis showed that the spindle cells were positive for CD34 and negative for S-100 and CDK4 (Fig. 6A and B). Thus, the lesion was diagnosed histologically as a spindle cell lipoma. At the 1-year postoperative follow-up evaluation, no local recurrence or occurrence of SCL at other sites and no complications such as lingual nerve paralysis had developed.



**Fig. 4.** Findings of surgically resected tissue. (A) The tumor measures 48 mm × 25 mm × 13 mm and is encapsulated with well-defined borders. (B) The tissue is a solid tumor with a yellowish-white cut surface. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of the article.)

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