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## Case Report

# Clinical characteristics of lipoma in the submandibular region: Report of a relatively uncommon case and review of the literature in Japan

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## ABSTRACT

The lipoma is the most common benign tumor and frequently occurs in the head and neck. The clinical course may develop over a period of years in the form of an enlarging gradually and painless mass. There are reports of huge lipomas extending into the sublingual, submandibular, and parapharyngeal regions. We present here a relatively uncommon case of lipoma extending from the bilateral oral floor to the left submandibular region in a comparably short period of suffering. We investigated preoperative imaging based on previous reports and stressed that the combination of ultrasonography and magnetic resonance imaging might be necessary for proper diagnosis and treatment. It is critically important to closely examine whether there are aspects of lipoma in the preoperative findings or not and to conduct a complete resection of the tumor and then followed-up after the procedure.

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## 1. Introduction

The lipoma is the most common benign tumor. It is comprised a slowly growing, well-circumstanced mass of mature adipose tissue that frequently occurs in the oral and maxillofacial region [1]. Huge lipomas occur more frequently in the subcutaneous tissues of the neck [2–4]. The clinical course may last as long as several years due to the characteristics of being a slow-growing and painless mass [1]. We describe here a relatively uncommon case of a large lipoma, measuring 90 mm × 50 mm × 15 mm, involving the bilateral oral floor and the submandibular space, in a 29-year-old Japanese female. Furthermore, we investigated the preoperative imaging, e.g. computed tomography (CT), magnetic resonance imaging (MRI)

**Abbreviations:** CT, computed tomography; MRI, magnetic resonance imaging; US, ultrasonography.

☆ AsianAOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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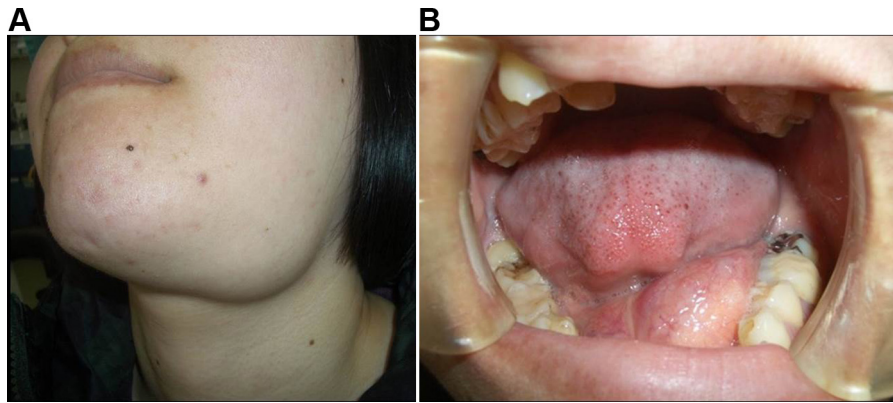
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and ultrasonography (US), and discussed the importance of these images.

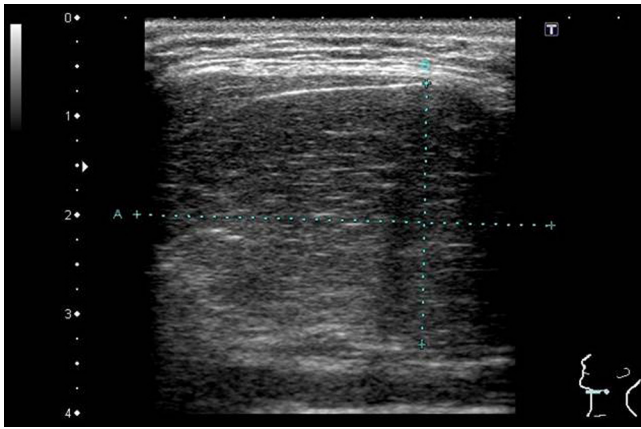
## 2. Case report

A 29-year-old Japanese female, with a complaint of an enlarging asymptomatic mass arising from the floor of mouth to the left submandibular region in the past 1 month, was referred to our hospital in October 2011. Medical history revealed no previous treatment. She had an asymmetry of the face, with a diffuse swelling of the left submandibular region (Fig. 1a). An elastic soft mass extending to the left neck was detected on palpation. On intraoral presentation, a palpable painless fixed mass was found in the bilateral sides of the oral floor (Fig. 1b). The surface of the elastic soft mass was covered with normal mucosa. The flow of saliva was also normal.

A panoramic radiograph revealed no obvious odontogenic source of infection. An ultrasonograph of the mass in the left submandibular region revealed a size of 42.1 mm × 26.4 mm and an elliptical shape, with a mostly intact capsule (Fig. 2). A T1-weighted MRI images revealed a doughy and well-circumscribed mass in the bilateral oral floor extending down into the left submandibular region (Fig. 3a and b). The signal of the mass on T2-fat suppressed MRI was decreased (Fig. 3c).



**Fig. 1.** A preoperative photograph of the facial form from the front and also the intraoral finding at the first visit. (a) An asymmetry of the face is evident, with diffuse swelling in the left submandibular region. (b) An elastic soft mass was found on the bilateral oral floor.



**Fig. 2.** An ultrasonogram taken at the first visit. Ultrasonogram of the mass in the left submandibular region revealed isoechoic appearance with internal fine echogenic lines.

Lipoma was suspected and surgical resection was planned. The procedure was performed in January 2012 under general anesthesia. The initial skin incision was made on the left submandibular site. Blunt dissection was performed down to the capsule of the lesion. Intracapsular dissection was performed until the mass was freed in all aspects. The mass was completely removed (Fig. 4a).

The excised specimen exhibited a markedly elastic soft mass, the surface of which was yellow and covered with the thin capsule

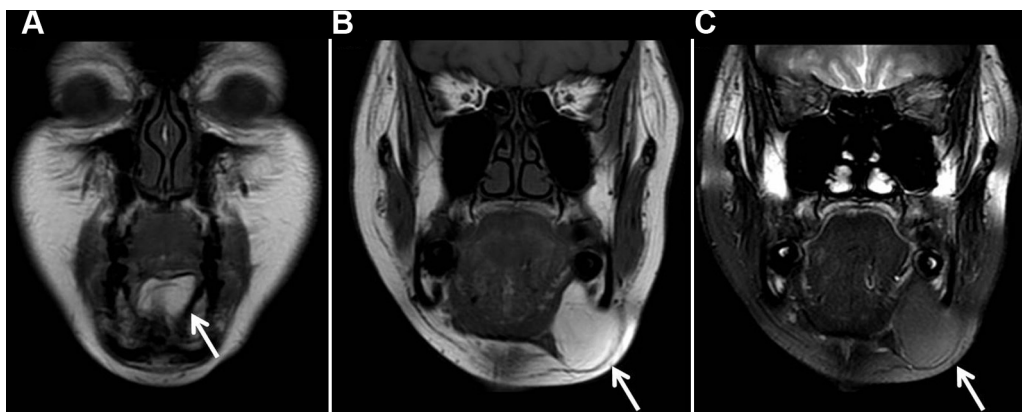
measuring 90 mm × 50 mm × 15 mm, as shown in Fig. 4b. The surgical site was irrigated with sterile saline, placed a drainage tube, and sutured with silk threads.

Histologically, most of the lesion was composed of adipose and connective tissues (Fig. 4c and d). The lesion also included some small blood vessels. These findings are consistent with a lipoma. No recurrence occurred during the 1 year and 5 months follow-up period after complete surgical resection.

### 3. Discussion

The lipoma, a non-epithelial benign tumor, is characterized by a painless mass that develops slowly over long periods and can occur anywhere in the body. It frequently occurs in the oral and maxillofacial region, i.e. the cheek, buccal mucosa, lip, tongue, floor of the mouth and the salivary glands [1]. In some cases, it is reported that the tumor extends from an intraoral site to the neck, because it mostly develops in deep tissues.

As far as we have been able to determine from the published reports in Japan, 16 cases of lipoma in the submandibular region have been reported including the current case (Table 1). The first appearance of a lipoma in the submandibular region ranges in age from 5 to 67 years, with an average age of 45 years, and the incidence among females was slightly elevated (male:female = 7:9). The clinical symptoms of the lesions were mostly characterized by asymptomatic swelling from the submandibular region to the oral floor (cases 1, 3, 8 and 15) [6,9,15], cheek (case 2) [5] and neck (cases 9, 11 and 12) [10,12,13] without noticeable pain. Certain cases



**Fig. 3.** Comparison between a coronal section with T1-weighted MRI images and a coronal section with a T2-fat suppressed MRI image taken at the first visit. (a and b) T1-weighted MRI revealed a hyper-intense tumor (arrow) extending from the bilateral floor of the mouth to the left submandibular area. (c) T2-fat suppressed MRI revealed the signal of the tumor (arrow) had decreased.

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