



CASE REPORTS

Dumbbell-formed lipomas under the zygomatic arch[☆]

Natsuko Kakudo^{a,*}, Kenji Kusumoto^a, Takashi Takemoto^a,
Yoshihito Tanaka^a, Ichiro Kurokawa^b, Yutaka Ogawa^a

^a Department of Plastic and Reconstructive Surgery, Kansai Medical University,
10-15 Fumizono, Moriguchi 570-8506, Japan

^b Department of Dermatology, Mie University Graduate School of Medicine,
2-174 Edobashi, Tsu, Mie 514-8507, Japan

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Summary Two cases of dumbbell-shaped lipoma under the zygomatic arch and the therapeutic courses are described. Both tumours were present in the buccal and temporal processes and the isthmus, which showed dumbbell forms occupying temporal and infratemporal fossae on coronal MR images. According to the location, the tumours seemed to be derived from a masticatory fat pad. The tumours were completely excised via a temporal and small cheek skin incision, with no post-operative complications. Over the 5-year follow-up period, both cases have shown good function and aesthetics, and no recurrences have been observed.

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Lipoma, which is the most common benign mesenchymal neoplasm, is frequently observed in the regions of the upper back and neck, shoulder, and abdomen, followed in frequency by the proximal portions of the extremities, chiefly the upper arms, buttocks, and upper thigh.¹ Lesions in the head and

neck comprise approximately 13% of all lipomas, and that in the cranio-maxillofacial area is more rare.² Most lipomas in the head and neck are infiltrating lipomas.^{4–7} Lipoma at the infratemporal fossa sometimes develops into the deep space.³

In this report, two cases of a dumbbell-shaped lipoma under the zygomatic arch are presented.

Case report 1

An 81-year-old man had a right temporal subcutaneous tumour without pain for 20 years. On

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* Corresponding author. Tel.: +81 6 6992 1001; fax: +81 6 6997 0628.

E-mail address: kakudon@takii.kmu.ac.jp (N. Kakudo).

examination, the tumour was freely mobile, soft, slow growing, nonpulsatile, and had been gradually increasing in size for 2 years (Fig. 1). The facial appearance was asymmetrical. On magnetic resonance (MR) imaging, the tumour was detected as a high intensity mass in both T1- and T2-weighted images, and was located under the zygomatic arch. The form of the mass was dumbbell-like on MR imaging, having a buccal process and a superficial portion in the temporal fossa (Fig. 2). Axial MRI imaging of the region revealed the buccal process of the masticatory fat pad being partially inside the masseter muscle (Fig. 3). The tumour rested on the buccinator fascia and muscle and extended laterally to the anterior border of the masseter muscle. The temporal process was larger than the buccal process.

The homogenous mass, which was diagnosed on microscopic examination as a lipoma with matured lipocytes, was $13 \times 4 \times 3$ cm in size, and was removed via temporal and buccal incisions (Fig. 4). MR examination 6 months postoperatively showed that the mass had been completely removed. Facial nerve function was normal postoperatively. The frontal view 5 years after the last operation is shown in Fig. 5.



Figure 1 Preoperative frontal view. The facial appearance is asymmetrical.

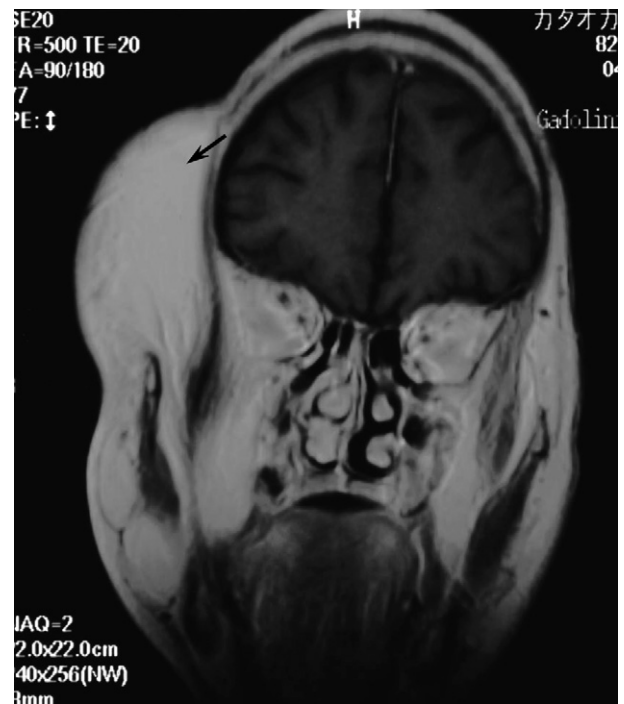


Figure 2 Coronal T1-weighted imaging showing a dumbbell-shaped mass. The tumour consisted of the buccal process and the superficial portion of the temporal process (arrow).

Case report 2

A 53-year-old man had an asymptomatic, soft, and freely mobile mass in the posterior right cheek



Figure 3 Axial T2-weighted image showing the buccal process of the masticatory fat pad (arrow).

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