



Case report

Giant lipoma of the back affecting quality of life

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HIGHLIGHTS

- The most common mesenchymal neoplasms in humans are lipomas.
- Lipomas are typically slow-growing tumours; only a few grow to an exceptionally large size.
- The effects of giant lipomas on daily living and quality of life should be evaluated as an indication for surgery.

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ABSTRACT

Lipomas are benign tumours composed of adipose tissue. They may be localized in almost all body parts and may be in a giant form. Some of these giant lipomas may transform malignancy and cause problems in daily living and deteriorate quality of life. Mass localization also restrict body functions. In the present study, a 72-year-old man who presented with a mass enlarged in a time period of two years and because of this could not lie in the supine position, sit in an erect position and dress easily, go outside because of his physical appearance. With surgical treatment a $38 \times 22 \times 21$ cm mass weighing 3575 g was successfully resected. Postoperative early phase complications did not occur. During 48 months of postoperative period, any recurrence was not detected and the patient was free of all his complaints. Cosmetic and functional results of the surgery and patient satisfaction were excellent. After surgery patient's quality of life was improved and restriction of body function was disappeared.

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1. Introduction

Among the most common mesenchymal neoplasms in humans are lipomas, which occur more frequently in mature adults aged 40–60 years [1]. Lipomas can arise from any part of the body where normal fat is present. They occur regularly on the back of the neck, but are seldom found on the face, scalp, or sternal region [2–7]. Most lipomas are small, weighing only a few grams and measuring less than 2×2 cm. They usually remain asymptomatic and present simply as a localised mass that causes cosmetic concerns for the patient.

Lipomas are typically slow-growing tumours; only a few grow to an exceptionally large size. A giant lipoma was defined by Sanchez et al. [8] as a lesion that measures at least 10 cm in one dimension or weighs a minimum of 1000 g. In this report, we present a case

involving a patient with a giant lipoma that caused cosmetically unacceptable gibbosity, difficulty with sitting in an erect position and getting dressed, avoidance of going outside because of cosmetic concerns, and the inability to lie in the supine position.

2. Case presentation

A 72-year-old man presented with a complaint of a gibbosity that prevented him from lying in the supine position, caused difficulty while sitting in an erect position and dressing, and led to avoidance of going outside because of his physical appearance. He had been aware of the lipoma for 10 years; however, the lesion had enlarged rapidly over a period of 2 years. Our patient had no relevant family history, systemic disease, or specific predisposing factors. A physical examination revealed a mobile mass with distinct contours and thickened skin overlying its apex; it was localised exclusively in the mid-thoracic region, but extended from the cervical region to the upper lumbar region (Fig. 1a). No deficits were detected on neurological examination. The patient's body mass index was 29.4 kg/m^2 (height: 170 cm, weight: 85 kg). Ultrasound

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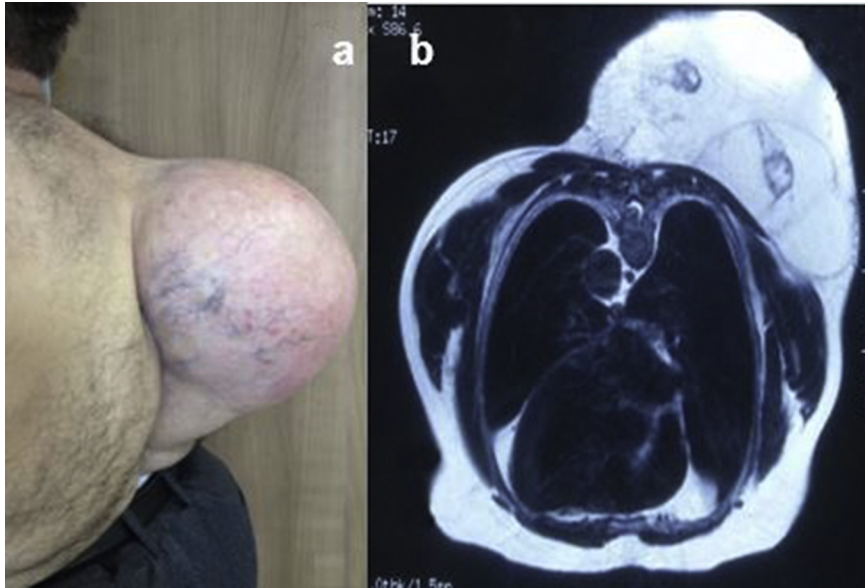


Fig. 1. (a) Lateral view of the patient with a mobile mass localised on the mid-thoracic region preoperatively. (b) Mass on axial MRI images.

(US) examination revealed a lipoma-like mass that measured $34 \times 20 \times 17$ cm and was sharply contoured, homogenous, and isoechoic with subcutaneous fat tissue and that possibly contained fat necrosis related to two calcifications (3 and 2 cm in size, respectively). Magnetic resonance imaging (MRI) confirmed that the mass was $34 \times 20 \times 17$ cm in size, hyperintense on T2-weighted (T2W) and T1W transmissible spongiform encephalopathy (TSE) images, hypointense on fat-saturated TSE images, and exhibited no contrast enhancement on T1W TSE images after intravenous (IV) contrast infusion. The mass also had a signal characterisation similar to the subcutaneous fat tissue and necrotic fat tissue related to the two calcifications (3×3 cm and 2×2 cm in size, hypointense on T1W and T2W TSE images, and without contrast enhancement after IV contrast infusion). It was a fibrous septated structure with no evidence of malignant transformation or paravertebral intramuscular expansion and was detected at the posterior of the left hemithorax between T1 and T12 (Fig. 1b). The preoperative diagnosis was a lipoma. The patient was prepared for surgery while in

the prone position. The patient did not receive local anaesthesia. A fusiform incision that circumscribed the overlying thickened skin and continued longitudinally to the terminal ends was performed.



Fig. 2. Excised specimen. Weight, 3575 g; size, $38 \times 22 \times 21$ cm.



Fig. 3. Postoperative lateral view of the patient.

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