

Case report

Lipoma in unusual head and neck region: Case series of 4 patients

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ABSTRACT

Lipomas are fairly common in head and neck but their presentation in areas like parapharyngeal space, submandibular space and lateral cervical region are rarely seen. These are mainly asymptomatic and mostly cause aesthetic concerns. Surgical excision remains the mainstay of treatment and surgical approach depends on the site and extent of the lesion. Radiological investigations like CECT and MRI play a vital role in diagnosis and management of these lesions. Here we describe a case series of 4 patients with lipomas in unusual regions of the head and neck, and their management.

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1. Introduction

A lipoma is a benign tumour composed of adipose tissue. It is the most common form of soft tissue tumour [1]. Less than 15% of lipomas occur in head and neck and almost any tissue can be affected. Diagnosing superficial lipoma is simple, but deeper situated lipomas require additional investigations apart from fine needle aspiration. Lipomas occurring in the parapharyngeal space (PPS) and the submandibular space (SMS) are extremely rare and very few cases have been documented till now. The parapharyngeal space is mostly known for giving rise to tumours such as salivary gland tumours, neurogenic tumours including paragangliomas, schwannomas and neurofibromas, and soft tissue tumours, apart from metastatic diseases which spread from adjacent sites. Pleomorphic adenoma is the most common tumour of PPS. However, in paediatric patients, mostly inflammatory lesions of PPS have been noted [2]. Submandibular space swellings are mostly benign and are commonly caused by submandibular sialadenitis or submandibular lymphadenitis. Metastatic spread to the submandibular nodes is not uncommon. Other swellings seen in submandibular region include benign conditions like ranula, Sjogrens syndrome, dermoid, lipoma and malignancy of submandibular gland. We present here a series of 4 patients with lipomas in unusual head and neck sites and their management.

2. Case 1

A 7 year old female presented with a progressive asymptomatic swelling on right side of neck for 2 years. The swelling was non-tender and soft to firm on palpation. On oral examination patient had a bulge in lateral pharyngeal wall on same side. Rest of the oral and laryngeal examination was normal. Contrast enhanced computed tomography (CECT) of neck showed a well defined, lobulated, hypodense, non-enhancing lesion measuring 4.9 cm × 4.4 cm × 2.1 cm in parapharyngeal space suggestive of a lipoma or a liposarcoma (Fig. 1A and B). Magnetic resonance imaging (MRI) neck showed a high signal intensity of the mass equivalent to that of fat on T1 weighted images (Fig. 2). Fine needle aspiration cytology (FNAC) from the swelling was inconclusive. Patient was taken for excision of the mass under general anaesthesia via a transcervical approach. A transverse skin incision was made in natural skin line in the upper neck. Sternocleidomastoid muscle was retracted laterally. Blunt dissection was done and a large, lobulated, soft, fatty tumour was identified in PPS (Fig. 3). The tumour was excised completely. On histopathology, it was confirmed to be a lipoma. The patient made an uneventful recovery post surgery.

3. Case 2

A 12 year female presented with complains of an asymptomatic, gradually progressive swelling in submandibular region for one year. On examination the swelling was non-tender and soft in consistency. Fine needle aspiration revealed scanty blood stained material and no definite opinion was made. CECT neck was done,

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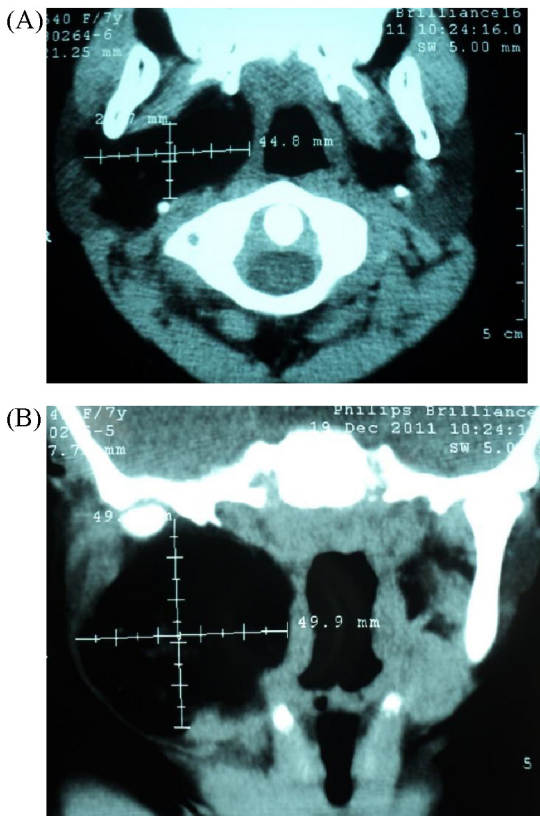


Fig. 1. CECT neck showing a fat density, irregular, hypodense, non enhancing lesions in parapharyngeal space suggestive of lipoma: (A) axial cut and (B) coronal cut.

which showed a well defined lobulated, hypodense, non enhancing lesion measuring 4.6 cm × 4.3 cm × 2.5 cm involving the submandibular space (Fig. 4).

Patient was taken up for surgical excision of the tumour via transcervical approach. A curvilinear incision was given in submandibular region in the skin crease and subplatysmal flaps were raised. A soft pale tumour was encountered in submandibular region separate from the submandibular gland (Fig. 5). With blunt dissection the tumour was lifted from the underlying digastric muscle and separated off the surrounding tissue. An irregular,

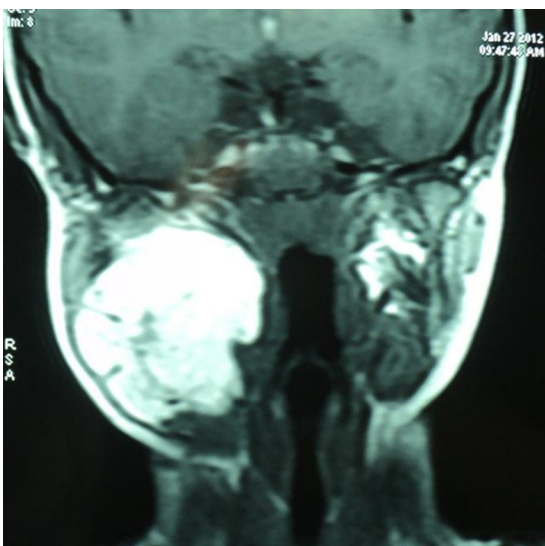


Fig. 2. MRI neck showing a high signal intensity of the mass equivalent to that of fat on T1 weighted image in parapharyngeal space.



Fig. 3. The excised specimen showing a well encapsulated, yellow coloured, lobulated, soft tumour.

lobulated, soft, fatty specimen was delivered (Fig. 6). Postoperative course was uneventful and there was no evidence of recurrence during a year of follow up.

4. Case 3

A 2 year female presented with complain of an asymptomatic, gradually progressive swelling on right side of face and neck for 8 months with a oral bulge in lateral pharyngeal wall on same side. FNAC of the swelling was suggestive of lipoma. CECT neck revealed a 5.2 cm × 3.3 cm × 3.3 cm well defined lobulated, hypodense, non enhancing lesion in right parapharyngeal space and extending into submandibular space (Fig. 7). Patient underwent excision of the mass via transmandibular approach with mandibular split. A yellowish, fatty, soft, lobulated mass was delivered and a diagnosis of lipoma was confirmed on histopathology.

5. Case 4

A 4 year old female presented with complain of swelling on left side of neck for 2 years which was gradually progressive in

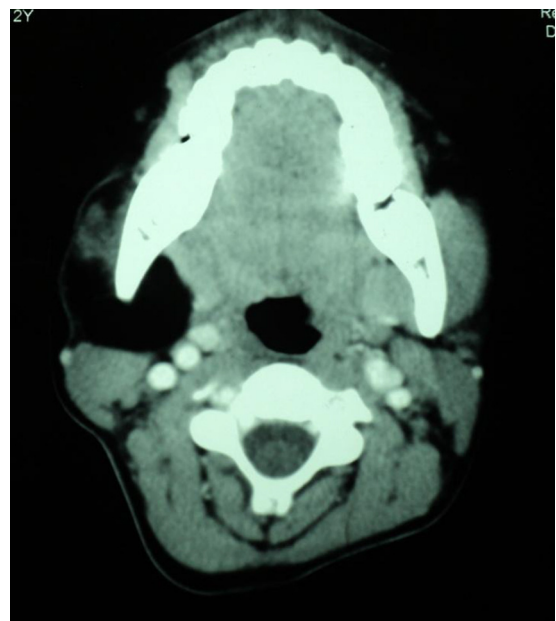


Fig. 4. CECT neck (axial cut) showing a well defined, hypodense, non enhancing mass in neck involving submandibular area.

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