International Journal of Diseases and Disorders ISSN: 2141-5456 Vol. 1 (5), pp. 053-054, August, 2013. Available online at www.internationalscholarsjournals.org © International Scholars Journals

Case Report

Lipoma of the retromolar area

Shashidevi Haranal[1], Nitesh Naresh[2], D.P Vinuth[3], Poonam Agarwal[4] , Chandrashekar KT[5]

[1]Reader, (Oral & Maxillofacial Surgery), Maharashtra Institute of Dental Sciences & Research, Latur (Mah), India.
[2]Major Nitesh Naresh, Reader(Oral Pathology) Dept of Dental Surgery, AFMC, Pune-411040, India.
[3]Sr. Lecturer (Oral Pathology) Hitkarni Dental College, Jabalpur (MP), India.
[4]Sr. Lecturer (Oral Medicine & Radiology) Hitkarni Dental College, Jabalpur (MP), India.
[5]Dean, Hitkarni Dental College, Jabalpur (MP), India.

Accepted 17 June, 2013

Lipoma is a benign mesenchymal neoplasm composed of mature adipocytes. It is a soft tissue tumor comprising of about 20% cases in head and neck region but only 1 % to 2% occur in oral cavity. Intraorally, it occurs predominantly in the buccal mucosa followed by tongue, floor of the mouth, buccal vestibule and rarely in the palate and gingiva. We present a case of lipoma occurring in a 74 year old patient in the retromolar area which is unusual.

Key words: Messenchymal, adipocytes, intraoral, benign, Lipoma, retromolar.

INTRODUCTION

The first description of oral lipomas was given by Roux (Rajendran R & Shivapathasundharam B, 2009) in 1848, in a review of alveolar mass; he referred to it as a “yellow epulis”. They are common benign mesenchymal neoplasms comprising 15 to 20% of benign tumors of head and neck (Fregnani ER, 2003). It is relatively rare in the oral cavity, comprises of about 1 to 2% of all benign tumors of the oral cavity (Douglas & Gnepp R, 2001). It is usually found in adults and occurs rarely in children. The male to female ratio for all lipomas is 2: l. Its cause is unknown. Trauma and metaplasia of perivascular connective tissue have been suggested as playing a role (de Visscher JG, 1982).

CASE REPORT

A 74 year old male patient presented to out-patient division of the Department of Oral & Maxillofacial Surgery, Hitkarni Dental College & Hospital, Jabalpur, with chief complaint of gradually increasing painless swelling in the left retromolar region, since 2 years which was interfering with his eating habits.
Intraoral examination revealed a sessile, round to oval, pinkish mass; soft in consistency, superficial and not fixed to underlying structures; non-tender and measuring 2x1cm in the left retromolar area (Figure 1). His oral hygiene was poor with multiple root stumps and mobile teeth. His family and personal history were noncontributory and no abnormalities were present in his general physical and systemic examination. A differential diagnosis of a fibroma, pyogenic granuloma and lipoma was made.
After the routine blood investigations were performed and all values were within normal limits, the patient was taken up under local anaesthesia for an excisional biopsy.
The entire lesion was excised, sent to the Department of Oral Pathology for histopathological examination. Haemtoxyillin & Eosin stained section showed parakeratinized surface epithelium, loosely arranged collagen fibres in the superficial stroma and deeper stroma was composed of sheet of clear cells with nucleus pushed to the periphery, resembling adipose cells (Figure 2). A final diagnosis of an intraoral lipoma was confirmed. The patient came for follow up twice after this and was fine with no evidence of any recurrence.

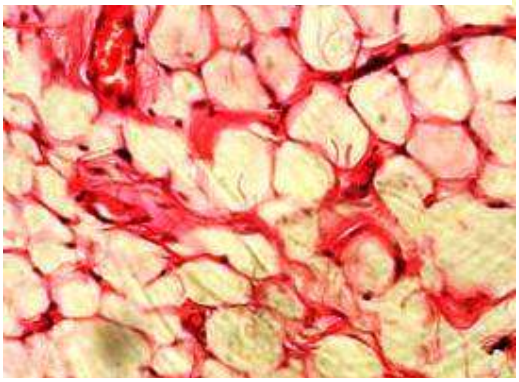
DISCUSSION

Lipomas are usually soft, well circumscribed, mobile, slow growing and asymptomatic tumors composed of mature adipose cells (Furlong MA, 2004). lipomas, 50% presented in the buccal mucosa. Other sites of common

*Corresponding author E-mail: nitesh.naresh@gmail.com
Tel. 09673673319

Figure 1. Lipoma lesion in the retromolar area.

Figure 2. H&E stained section shows mature fat cells.



occurrence are floor of mouth and lip. The least favored sites are palate, gingiva and retromolar area. In our case the unusual finding was the site of the lesion which was the retromolar area area (Hatziotis J Ch, 1971). The most recent classification of benign lipomatous tumors includes the following categories: classic lipoma; lipoma variants, such as angiolipoma, chondroid lipoma,
myolipoma and spindle cell/pleomorphic lipoma, all with specific clinical and histologic features; hamartomatous lesions; diffuse lipomatous proliferations; and hibernoma (Fletcher CDM, 2002). Most patients with lipoma are above 40 years of age or older and the literature describes a male predilection for oral lipomas (Neville BW, 2009). It rarely affects the normal functions but in our case the unusual location was hindering the patient's masticatory efficiency. Though an exact etiology has not been established, the suggested etiology varies from the differentiation of multipotent mesenchymal cells in fat tissue, cartilage, and bone to metaplasia of a pre-existing lipoma. Mesenchymal cells are modified by systemic and local influences that range from local trauma, hormonal basis to prolonged ischemia (Castilho RM, 2004).
Microscopically it shows mature fat cells aligned into lobules or sheets that are separated by fibrous septa of connective tissue. Liposarcoma is an important differential diagnosis, to be ruled out as well differentiated liposarcoma often show many areas of lipomatous tissue. These sarcomas characterized by areas of lipoblastic proliferation, myxoid differentiation, cellular pleomorphism, increased vascularity and mitosis. The ideal treatment for an intraoral lipoma, is surgical excision and no recurrence is expected (Epivatianos A, 2000).

REFERENCES

de Visscher JG (1982). Lipomas and fibrolipomas of the oral cavity. J Maxillofac Surg; 10: 177-81.

Douglas, Gnepp R (2001). Diagnostic surgical pathology of the head and neck. WB Saunders Company, Philadelphia (1st ed): 192-93.

Castilho RM, Squarize CH, Nunes FD, Pinto Júnior DS (2004). Osteolipoma: A rare lesion in the oral cavity. Br J Oral Maxillofac Surg. 42(4): 363–364.

Epivatianos A, Markopoulos AK Papanayotou P (2000). Benign tumors of adipose tissue of the oral cavity: a clinicopathologic study of 13 cases. J Oral Maxillofac Surg. 58:1113-7

Fletcher CDM, Unni KK, Mertens F (2002). Adipocytic tumors. In: Pathology and genetics: tumours of soft tissue and bone. World Health Organization classification of tumours. Lyon, France: IARC Press. 9-46.

Fregnani ER, Pires FR, Falzoni, M. A. Lopes, P. A. Vargas. (2003). Lipomas of the oral cavity: Clinical findings, histological classification and proliferative activity of 46 cases. Int J Oral Maxillofac Surg:32: 49-53.

Furlong MA, Fanburg-Smith JC, Childers EL. (2004). Lipoma of the oral and maxillofacial region: Site and subclassification of 125 cases. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 98:441-50.

Hatziotis J Ch, Thassaloniki, Greeze (1971). Lipoma of the oral cavity. Jr. of Oral Surg; 31(4):511-21.

Rajendran R, Shivapathasundharam B. Shafer's Textbook of Oral Pathology, 6th ed : Elsevier; 2009: 137.

Soft tissue tumors. In, Neville BW, Damm DD, Allen CM, Bouquot JE, (ed). Oral & Maxillofacial Pathology, 3rd edition.Saunders, 2009: 523-524.