

Submental Lipoma – A Case Report

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Abstract:

Lipomas are one of the most common benign soft tissue tumors encountered in adult patients. It can occur anywhere in the body, but not commonly seen in the head and neck region. Malignancy must be ruled out especially if the swelling is significant. Detailed clinical examination, fine needle aspiration, and imaging can aid the diagnosis and surgical planning.

Introduction:

Lipomas are benign tumours composed of mature adipocyte cell. They are one of the most common soft tissue tumours. Benign lipomas are usually circumscribed soft masses, composed of adipocyte mostly and usually encapsulated. Lipoma can be superficial or deep seated. Superficial lipomas are usually in subcutaneous tissues. Those in deeper locations can be present in intramuscular, intermuscular, intrathoracic, and retroperitoneal region. Lipomas are usually harmless; however, they can cause discomfort due to the location and the size of it. Lipomas are slow growing tumour, therefore no urgency for intervention if the patient does not complaint of any. Imaging such as Computed tomography and magnetic resonance imaging is beneficial for surgical planning especially to see the tumour extension.

Case report:

A 61 years old Malay gentleman presented with submental swelling for the past 10 years. When he first noticed it 10 years ago, it was small, size of a coin. Throughout the year the swelling progressively increasing in size. He never experience pain over the swelling, just minimal discomfort when he moves his head to the left and right. He does not have dysphagia, odynphagia, shortness of breath or changes in voice. No other ear, nose and throst complaint as well. He has underlying triple vessel disease and underwent coronary artery bypass grafting. He is on double antiplatelet due to cardiac illness. On examination there was a huge submental swelling measuring 6cmx9cm which was soft, mobile with no skin changes or tenderness. Transillumination test which was done on the swelling was positive. Ear, nose and throat examination was unremarkable. Flexible nasopharyngolaryngoscope revealed normal upper airway study. Fine needle aspiration was done and results showed adipocyst cell seen suggestive of lipoma. Ultrasound neck revealed iso to hyperechoic encapsulated mass inferior to base of tongue with no vascularity within. Computed tomography of the neck was done as part of surgical planning and it shows well encapsulated fat density seen at the midline of the neck which is confined to the subcutaneous layer. No enhancing solid component seen within and no any significant mass effect seen within the structures. Patient underwent excision of the swelling under general anaesthesia and intraoperative findings shows 14cmx9cm lobulated mass just under platysma. His antiplatelet was withheld 1 week prior surgery and restarted 1 week after surgery. Patient recovered well post operatively and was discharged well 5 days

after surgery. During clinic review post operatively , his surgical scar healed well and he was discharge from clinic followup.Final histopathology results revealed adipocyst cell suggestive of lipoma.

image 1a, 1b and 1c : showing submental swelling (lipoma)

image 1a



image 1b



Image 1c



image 1a and 1b – showing CT neck images with lipoma
image 1a (sagittal view)



image 1b (coronal view)

**Discussion :**

Lipomas are common benign soft tissue tumours. It could be located superficial or deep seated. High index of suspicious is needed to differentiate it from malignant tumour, for example liposarcoma and myelolipoma. Fine needle aspiration and imaging can aid with diagnosis.

Conclusion :

Lipoma is a common benign tumour. The outcome of lipoma is good. Surgical excision can be done due to cosmetic reason or compressive symptoms.

Reference :

1. <https://www.ncbi.nlm.nih.gov/books/NBK482343/>
2. <https://www.pathologyoutlines.com/topic/softtissueadiposelipoma.html>
3. Scott browns head and neck otorhinolaryngology.