

Intraoral Lipoma A: Rare Case

The Editor

Sir,

Lipoma is a benign, slow-growing neoplasm of the adipose tissue. It is one of the most common mesenchymal tumour in the body. However, its occurrence intraorally is rare. Lipomas of the head and neck region involve about 15% to 20% of all lipomas, of which only 1% to 4% affect the oral cavity (1). Lingual lipomas account for only 0.3% of tongue neoplasms (1). The buccal mucosa and the tongue are the most predominant sites in adults with some studies showing female preponderance while others show no gender predilection (1). Patients with lipoma present with a single or lobulated, painless lesion attached by either a sessile or pedunculated base (2). The clinical course is usually asymptomatic unless the lesion acquires a size leading to complaints of dysphagia, dysarthria or stridor due to the space occupying effect of the lesion (3–5). The aim of the present report is to describe a case of intraoral lipoma occurring in the tongue.

A 62-year-old male patient presented to us with complaints of a slow growing swelling of four years duration

in the right lateral under surface of the tongue. He had been symptom free until the swelling reached to a size that caused functional disturbances and led him to seek medical advice. On intraoral examination, a well-defined yellowish swelling was noticed on the right lateral and undersurface of the tongue. The overlying mucosa was smooth and intact with superficial blood vessels over the mass (Fig. 1).

On palpation, the swelling was soft in consistency, non-fluctuant and non-tender. Based on these clinical features a provisional diagnosis of lipoma on the ventral aspect of the tongue was made. Under local anaesthesia an elliptical incision was made over the mucosa covering the tumour on the ventral surface of the tongue. Blunt dissection was used throughout. The tumour mass emerged from underneath the mucosa (Fig. 2).

The gross specimen was yellowish in colour, with glossy surface and was well-encapsulated (Fig. 3).



Fig. 1: Yellowish swelling over the ventrolateral surface of the right-side of the tongue.

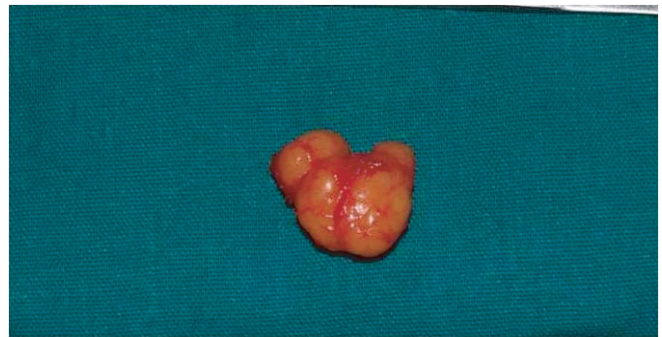


Fig. 3: Well-encapsulated gross specimen.

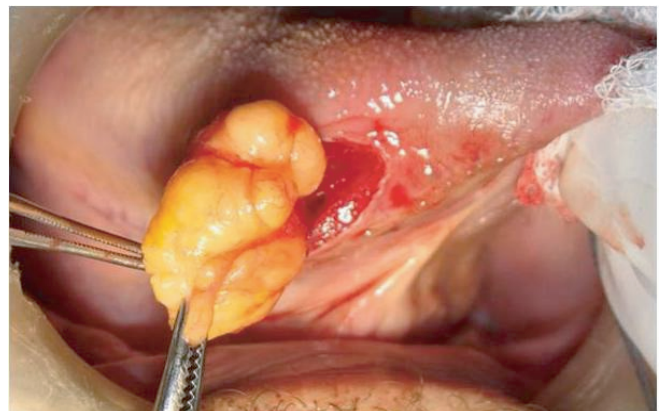
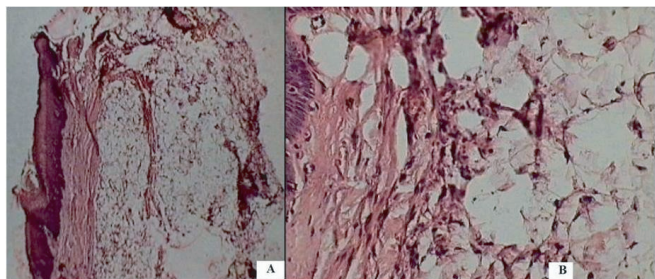


Fig. 2: Surgical excision of the well-circumscribed tumour mass.

The mucosal layers were approximated with absorbable sutures obliterating the dead space. Histopathological examination of the haematoxylin and eosin (HE) stained slides showed parakeratinized, stratified squamous epithelium and underlying connective tissue. The connective tissue showed a well-defined lesion consisting of mainly adipose tissue surrounded by fibrous connective tissue capsule. Mature adipocytes were seen with clear cytoplasm and flattened *nuclei* at the periphery arranged in lobules. (Figs. 4 A and B).



Figs. 4 A, B: Mature adipocytes are seen with clear cytoplasm and flattened *nuclei* at the periphery arranged in lobules.

The postoperative healing was excellent and no evidence of recurrence was noticed during one follow-up.

Lipomas are the most common mesenchymal tumours of soft-tissue, but they are relatively uncommon in the oral and maxillofacial region (6). In 1934, Geschickter, reported only three out of 460 cases of lipomas to occur in the oral cavity (7). A series of 10 lipomas of the oral cavity was described by Panders and Scherpenisse in 1967, but none involved the tongue (8). Lingual lipomas are usually located on the lateral edge of the anterior two-thirds of the tongue, in contrast to our case which occurred on the ventral aspect of the tongue (9).

It is typically described as a well-circumscribed, asymptomatic lesion with a characteristic yellowish colour and soft, doughy consistency (10). Similar clinical findings were noticed in our case. It affects predominantly the buccal mucosa, floor of the mouth and tongue (1). Lingual lipoma affects males predominantly and generally in the fourth and fifth decades of life as in our case (10). They are usually asymptomatic but larger lipomas can cause macroglossia, atrophy of tongue musculature, dental abnormalities such as anterior open bite and masticatory difficulties (1). Such patients usually present with dysphagia, dysarthria and stridor due to the space-occupying effect of the lesion (5). Functional disturbances such as difficulty in speech and mastication was also reported by our patient.

The definitive diagnosis is by histopathological examination which shows adult fat-tissue cells embedded in a stroma of connective tissue and surrounded by a

fibrous capsule (10). However, in 20% of cases, it demonstrates histologic variants which includes spindle cell lipoma, pleomorphic lipoma, fibrolipoma, angiolipoma, myxoid lipoma, and atypical lipoma (5).

Well-encapsulated lipomas, as in the present case, can be excised with no possibility of recurrence or damage to the surrounding structures. Recurrences can be prevented by wide surgical excision but still conserving surrounding structure (5). In our case, the patient is well with no recurrence after a 15 month follow-up period.

Keywords: Adipocytes, lipoma, tongue, ventrolateral aspect

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