

Case Report

Pedunculated perianal lipoma: a rare presentation

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Received: 04 April 2015

Revised: 24 April 2015

Accepted: 06 May 2015

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ABSTRACT

Lipomas are ubiquitous lesions. Most of the lipomas have a fibrous capsule and are divided into lobules by delicate septae. On gross examination and histological analysis, lipomas resemble mature fatty tissue. They are more compact on the cut surface than normal adipose tissue and the lobules are smaller on histological analysis. There is undoubtedly some physiologic difference between fat of lipoma and normal fat. Perianal lipomas are rare and may have deeper or interspincteric extensions. Preoperative evaluation to rule it out is a necessary part of the work up for any perianal lipoma. The case report is of a soft swelling on left side in the perianal region, which was investigated to rule out nature of the lesion or deeper and interspincteric extension. Case was managed by complete enucleation of the lipomatous swelling. Gross and microscopic examination of the surgical specimen revealed a perianal pedunculated lipoma.

Keywords: Perianal lipoma, Pedunculated lipoma, Lipoma, Pedunculated swelling in perianal region

INTRODUCTION

Lipomas are ubiquitous lesions. Most of the lipomas have a fibrous capsule and are divided into lobules by septums. In most cases, the capsule and its branches are quite delicate. On gross examination and histological analysis, lipomas resemble normal fatty tissue.¹ They are more compact on the cut surface than normal adipose tissue and the lobules are smaller. There is undoubtedly some physiologic difference between lipoma fat and normal fat,² as the body is not able to utilize lipoma fat, even in emergencies when all the normal fat has disappeared.³ Perianal lipomas are rare and may have deeper or interspincteric extensions.⁴ Lipomas are rare in infants, even more in fetuses. Due to its position during embryogenesis, a lipoma can result in some malformative development. A perineal location of a lipoma is uncommon and is associated with some well described clinical features.

CASE REPORT

A 30 year old male patient came to outpatient department with the presenting complaint of swelling in the perineal region since 8 months with no other complaints without any remarkable findings on systemic and per abdominal findings. On examination a pedunculated lipoma was seen in the perianal region on right side (Figure 1). He was sent ultrasound examination of swelling; it was a well defined lobulated hyper echoic lesion in the subcutaneous plane on the right side in the perianal region, no evidence of calcification or increased intralesional vascularity. Then FNAC of the swelling was done it said cytological features suggestive of lipoma. Decision was taken operate on the perianal lipoma. The base was tied and lipoma excised over the tied base. Entire specimen was sent for histopathology which said feature consistent with that of Lipoma. Post operative recovery was uneventful and patient followed up till 6 months with no complaints.



Figure 1: Pedunculated perianal lipoma.

DISCUSSION

Perianal lipoma is a rare site of lipoma. It causes difficulty in sitting for the patient and may interfere with defecation if intersphincteric extension or manual obstruction by the swelling is present.^{5, 6} Lamm and Kaplan reported that Perianal lipomas may be a result of abnormal migration of the inferior portion resulted in an accessory scrotum.⁷ Takayashu et al. believed that perianal lipomas resulted from pluripotential anlage of labioscrotal swelling from a teratoid structure.⁷ Thorough investigation in the form of local ultrasound, FNAC, and if indicated MRI of the pelvis is required to know the exact extent and intersphincteric extension. Sule et al classified accessory labioscrotal folds by the presence or absence of an associated perineal lipoma, because cases with or without a perineal lipoma may be associated with other genitourinary and anorectal anomalies that require diagnostic imaging for their detection and evaluation.⁸ Shaul found 10 cases of perineal lipoma, 7 of which were pedunculated. These latter ones were simply excised and did not seem to have an etiologic relation with the malformation.⁹ Management involves preoperative bowel preparation and elliptical incision to visualize the lipomatous swelling. Carefully it should be dissected away from the perianal fat and relentlessly attempting to save the anal sphincters if they are involved.¹⁰ The swelling should be completely enucleated with all the pseudopodia.¹¹

CONCLUSION

Perianal lipomas are a rare site of lipomas that warrants removal as it is a reason of constant discomfort for the patient. Preoperative evaluation is necessary to know the extent and type of lesion. Congenital perineal lipoma is

a very rare and benign presentation; it is a diagnosis that should be considered when a perineal mass is encountered. Surgical treatment can be easily performed and is adequate. The prognosis is excellent.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Enzinger FM, Weiss SE (eds) (1995) Benign lipomatous tumour. In: Soft tissue tumours, 3rd edn. St. Louis, Mosby, p 381.
2. Gregoire FM, Smas CM, Sul HS (1998) Understanding adipocyte differentiation. *Physiol Rev* 78:783–809.
3. Turc Carel C, Dal Cin P, Boghosian L, et al (1988) Breakpoints in benign lipoma may be at 12q13 or 12q14. *Cancer Genet Cytogenet* 36:131.
4. Adair FE, Pack GT, Farrior JH (1932) Lipoma. *Am J Cancer* 16:1104–1106.
5. Goldfarb M, Finelli R, McCally D, Firoozi T (1977) Benign perineal masses in the male. *Int Surg* 62(10): 541–542.
6. Musierowicz A, Matejczuk A (1977) Giant perineal lipoma. *Pol Przegl Chir* 49(6a):757–758.
7. Lamm DL, Kaplan GW (1977) Accessory and ectopic scrota. *Urology* 9:149–153.
8. Sule JD, Skoog SJ, Tank ES (1994) Perineal lipoma and the accessory labioscrotal fold: an etiological relationship. *J Urol* 151(2):475–477.
9. Shaul DB, Monforte HL, Levitt MA, Hong AR, Peña A. Surgical management of perineal masses in patients with anorectal malformations. *J Pediatr Surg* 2005; 40: 188 – 191.
10. Goldfarb M, Finelli R, McCally D, Firoozi T (1977) Benign perineal masses in the male. *Int Surg* 62(10): 541–542.
11. Dr. Shool Rohit S., Dr.Tambe Harshal S., Dr. Anand P Zingade Perianal Lipoma a rare case - A Case Report *Indian Journal of Applied Research*, Vol.III, Issue.V May 2013.

DOI: 10.18203/2320-6012.ijrms20150191

Cite this article as: Deolekar S, Shaikh TP, Ansari S, Mandhane N, Karandikar S, Lal V. Pedunculated perianal lipoma: a rare presentation. *Int J Res Med Sci* 2015;3:1557-8.