

Case Report

“Giant breast lipoma” an unusual presentation: a rare case report

Nandkishor Narwade*, Abhijit Bagul, Pranav Narayan, Naseem Khan

Department of Surgery, Dr. D Y Patil Medical College, Nerul, Navi Mumbai, Maharashtra India

Received: 02 August 2015

Accepted: 04 September 2015

***Correspondence:**

Dr. Nandkishor Narwade,

E-mail: nandkishorn54@gmail.com

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ABSTRACT

Lipomas are most common benign tumour derived from adipose tissue. Lipoma breast is somewhat difficult to diagnose clinically because of fatty consistency of breast. So preoperative diagnostic work up like FNAC, USG, mammography are important to confirm the diagnosis. Lipoma breast measuring more than 10cm in diameter or weighing more than 1kg is called giant lipoma of breast are tumour infrequently observed. Because of rarity, size & location we presented a case report of giant breast lipoma including USG, mammographic FNAC and intraoperative finding with review of literature.

Keywords: Giant breast lipoma, Breast lesion, USG, FNAC, H/P/E

INTRODUCTION

Lipoma one of the most common adipose tissue tumour is having incidence of 16% of all mesenchymal tumours.¹ 20% are located in chest wall.²

They usually developed as well circumscribed, encapsulated masses with a doughy feel that is freely mobile underneath the skin.³ They can arise in any part of body. In breast lipoma a diagnostic work-up is needed due to varying history & clinical courses.

However, patients seek medical attention over their concerns with size augmentation disfigurement or asymmetry and also many important the fear of malignancy due to the lump. Breast asymmetry can result from unequal hypertrophy or neoplastic growth. Leading fatty tumours are clinically & radiographically difficult to differentiate from hypertrophy.²

Giant lipomas are defined lesion that have a diameter of at least 10 cm are a weight of more than 1000 gm.³ We present an unusual case of Pt. breast giant lipoma that

comprised most of its mass causing asymmetry that was associated with benign breast hypertrophy.

The case presented is of interest because of age, clinical courses, size, & location.

CASE REPORT

A 50 years old female presented to the surgery OPD with slow growing painless lump in breast on right side since 10 years O/E pump was present in right upper quadrant & measured.

It was non tender, mobile and not 13x12x10mm adherent to underlying fascia or muscle skin above it was free. The Nipple areola complex normal. No nipple discharge, surrounding skin was normal & no axillary lymph nodes involvement. USG was showing well circumscribed. Radiolucent avascular lesion. ON FNAC right was benign in breast lesion suggestive of fibroadenoma. Mammography showed no other suspicious abnormalities. Patient had an undergone surgical excision of lump, & send it for histopathological examination on

gross it was well circumscribed mass of dimension 15x12x10 am.

A microscopic examination mass composed of mature adipose tissue separated by thin fibrovascular septae.

There was no evidence of malignancy and the diagnosis was offered as lipoma. Thus confirming the diagnosis giant breast lipoma.



Figure 1: Cut section.



Figure 2: Microscopic view.



Figure 3: Cut section.

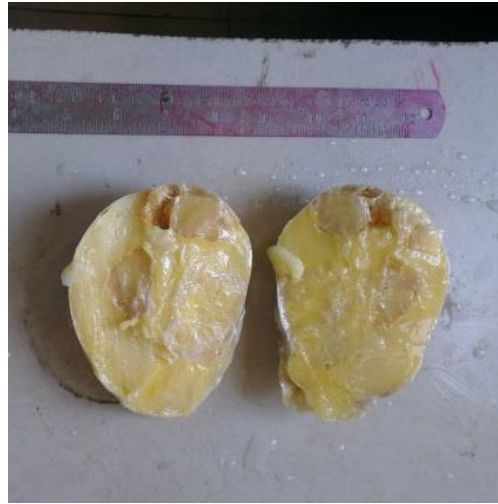


Figure 4: Cut section.

DISCUSSION

Lipomas are among the most common mesenchymal tumors and are usually benign, well circumscribed, and covered by a thin capsule, appearing in almost every region of the body with a prevalence of 2.1 per 1000 people.⁴ Twenty percent are located in the chest wall.⁵ They can be sub-classified according to their etiology, histological characteristics, localization, and dimensions. The breast is a common site for this pathology; however, they tend to be small asymptomatic tumors.⁶

Most cases of breast asymmetry and unilateral breast enlargement result from unequal physiological hypertrophy, but a neoplastic process should be suspected when the size discrepancy appears with obvious architectural distortion, making mandatory a thorough clinical and paraclinical evaluation. Although lipomas are considered by many to be a banal condition, they often cause diagnostic and therapeutic uncertainty, especially in the breast, because its normal fatty composition and the difficulty of distinguishing them from other benign or malignant lumps.⁷ Physical examination is often of little diagnostic use, especially in large or deep tumors. The lack of a defined consistency and the preservation of the breast contour are common in a fatty tumor or benign hypertrophic breast.⁸ The presence of missed lipomas during routine mammography in large postmenopausal patients' breasts have been reported. Simple radiography, ultrasonography, computed tomography, or magnetic resonance imaging can be used for definitive identification.⁷

Although total excision of a tumor is the definitive treatment for lipoma, neoplasms of this size and location that result in an unequally paired organ make reconstruction a great challenge for surgeons.⁹ The size and shape of the contralateral breast should be considered in choosing the surgical strategy for an adequate reconstruction to achieve a good symmetrical result. Modifications of traditional mammoplasty techniques

should be taken into account,¹⁰ but prosthesis, autologous augmentation, reduction, or mastopexy can be used to reach this goal.

In conclusion, lipomas of the breast are benign tumors with a very limited risk of malignant transformation; they are associated with an excellent prognosis after successful excision despite the fact that they can represent a great reconstructive challenge, especially in the symmetry and aesthetics of this paired anatomic structure. Preoperative evaluation requires a careful diagnostic workup due to its similarity to other pathologies, especially those associated with breast asymmetry and benign hypertrophy.

CONCLUSION

Lipomas are more frequently found in the extremities where subcutaneous fatty tissue is abundant. Breast lipomas are uncommon and generally tend to present in younger individuals. Hence it is unusual to find breast lipoma in an adult female with such a long duration. Preoperative diagnosis in an adult female demands proper clinical examination paired with FNAC & mammography (Triple assessment of breast lump diseases).

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Lanng C, Eriksen BO, Hoffmann J. Lipoma of the breast: a diagnostic dilemma. *Breast*. 2004;13:408-11.
2. Hall FM, Connolly JL, Love SM. Lipomatous pseudomass of the breast: diagnosis suggested by discordant palpatory and mammographic findings. *Radiology*. 1987;164:463-4.
3. Sanchez MR, Golomb FM, Moy JA, Potozkin JR. Giant lipoma: case report and review of the literature. *J Am Acad Dermatol*. 1993;28:266-8.
4. Salvatore C, Antonio B, Del Vecchio W, Lanza A, Tartaro G, Giuseppe C. Giant infiltrating lipoma of the face: CT and MR imaging findings. *AJNR Am J Neuroradiol*. 2003;24:283-6.
5. Silistreli OK, Durmus EU, Ulusal BG, Oztan Y, Görgü M. What should be the treatment modality in giant cutaneous lipomas? Review of the literature and report of 4 cases. *Br J Plast Surg*. 2005;58:394-8.
6. Salvatore C, Antonio B, Del Vecchio W, Lanza A, Tartaro G, Giuseppe C. Giant infiltrating lipoma of the face: CT and MR imaging findings. *AJNR Am J Neuroradiol*. 2003;24:283-6.
7. Hakim E, Kolander Y, Meller Y, Moses M, Sagi A. Gigantic lipomas. *Plast Reconstr Surg*. 1994;94:369-71.
8. Doods GC, Hricak H, Sollitto RA, Higgins CB. Lipomatous tumors and tumors with fatty component: MR imaging potential and comparison of MR and CT results. *Radiology*. 1985;157:479-83.
9. Rodriguez LF, Shuster BA, Milliken RG. Giant lipoma of the breast. *Br J Plast Surg*. 1997;50:263-5.
10. Raemdonck D, De Mey A, Goldschmidt D. The treatment of giant lipomas. *Acta Chir Belg*. 1992;92:213-6.
11. Elsayh NI. Correction of asymmetries of the breasts. *Plast Reconstr Surg*. 1976;57:700-3.

Cite this article as: Narwade N, Bagul A, Narayan P, Khan N. "Giant breast lipoma" an unusual presentation: a rare case report. *Int J Res Med Sci* 2015;3:2851-3.