

Lipoma of the Tongue: A Case Report

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ABSTRACT

We herein report a case of ventral side of tongue lipoma in a 60-year old man who referred to our department with a mass at the right ventral side of his tongue that had existed there for an unknown period of time. Clinical examination revealed a yellowish nodular lesion measuring 1 cm in diameter. Histological examination showed mature adipocytes and varying size vessels between lobules of the adipocytes. The lesion was excised surgically and no recurrence was observed after 1 year of follow up.

Keywords: Lipoma, Brenner Tumor, Tongue

INTRODUCTION

Lipoma is the most common benign soft tissue mesenchymal neoplasm. ⁽¹⁾

Composed of mature adipocytes usually if then surrounded by a thin fibrous capsule.

⁽²⁾ 15 to 20 % of the cases involving the head and neck region and 1 to 4 % affecting the oral cavity ⁽³⁻⁵⁾ where it usually presents as longstanding soft nodular asymptomatic swellings were covered by normal mucosa.

⁽¹⁾ The metabolism of the lipoma differs from that of normal adipose tissue. It has been shown that the fat of lipoma is not used for energy production during starvation periods as it happens with normal adipose tissue. ⁽⁶⁾ Oral lipoma usually

occurs as a solitary lesion. The color, often yellow in tone, depends on the thickness of the overlying mucosa. The surface is typically smooth and non-ulcerated except when traumatized. ⁽⁷⁾

CASE REPORT

Our case was a 60-year old man whose right side of tongue was paralyzed due to the stroke he had 5 years before. His wife had noticed a swelling on the ventral aspect of his tongue. Clinical examination revealed a yellowish sessile exophytic nodular mass with smooth surface, 1 cm in diameter. The overlying epithelium was intact and soft on palpation since the patient had ankyloglossia that caused the lesion to be left unnoticed. Based on clinical features and examinations the differential diagnosis included benign connective tissue lesions such as granular cell tumor, neurofibroma

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and lipoma. The lesion was excised surgically and the patient didn't accept correction of ankyloglossia. According to the histopathologic examination (mature fat cells with lobular arrangement and varying size vessels between lobules could be seen with no evidence of malignancy, these



Figure 1: Yellowish sessile nodular mass with smooth surface

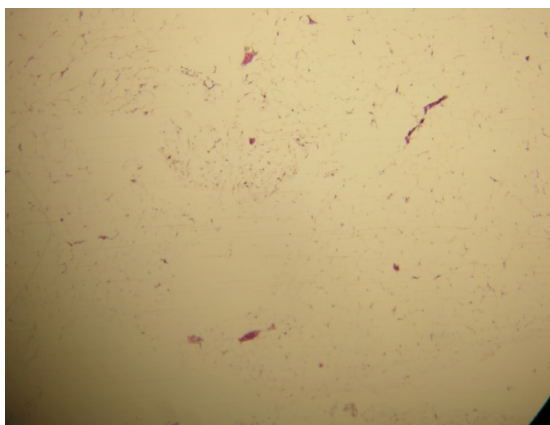
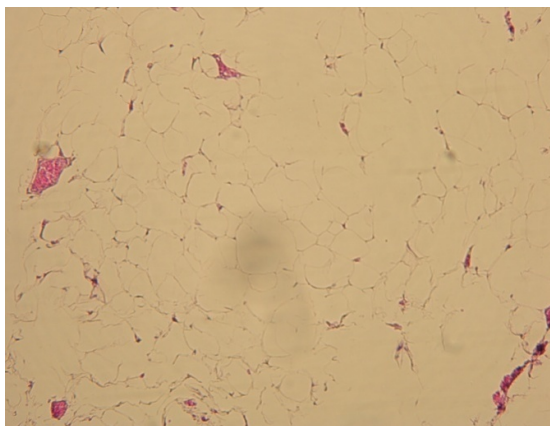


Figure 3, 4: Mature fat cells with lobular arrangement and varying size vessels

findings are consistent with lipoma), the clinical diagnosis of lipoma was confirmed. In a one year-follow up, there was no recurrence.

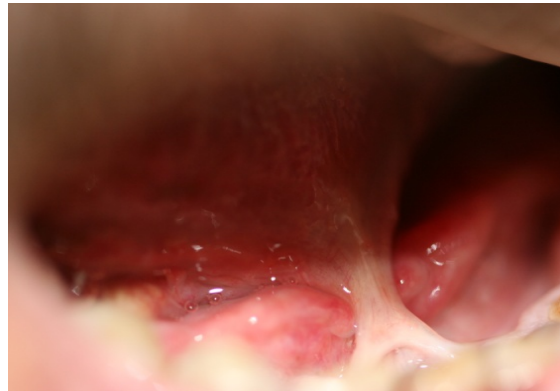


Figure 2: Ankyloglossia

DISCUSSION

Lipoma of the oral cavity is rare.⁽⁶⁾ Different prevalence has been reported in different studies ranging from 0.5 to 4.4%.^(1-6, 8) These differences could be explained by racial and geographic characteristics.⁽³⁾ Generally, there are no differences in gender although a slight female predilection has been noticed for fibrolipomas and male predilection for simple lipomas. This finding is in contrast with the whole body where lipomas are twice as common in females as in males.^(2,3) Simple lipoma occurs in all age groups but is more frequently seen after the age of 40 years.^(3,9) It is unusual for children to have classic lipomas but lipoblastoma and lipoblastomatosis are more often diagnosed in the pediatric patients.⁽³⁾ The most common location for lipomas in the maxillofacial region is buccal mucosa,^{(2, 3, 5,}

⁸⁾ followed by buccal sulcus, tongue, floor of the mouth, lips, gingiva and palate.⁽⁶⁾

⁸⁾World health organization (WHO) classification of benign lipomatous tumors recognizes conventional lipoma, fibrolipoma, angiolipoma, spindle cell/pleomorphic lipoma, myxolipoma, chondroid lipoma, osteolipoma, myolipoma, lipomatosis, lipomatosis of nerve, lipoblastoma / lipoblastomatosis and hibernoma.⁽⁹⁾ Conventional lipomas comprise the majority with the exception of parotid region and lips where the spindle cell lipoma is the most common. Additionally, secondary degenerative changes and atrophy can be seen and shouldn't be confused with the malignant histologic features of liposarcoma.⁽³⁾ Treatment of lipomas consists of simple surgical removal, irrespective of the histological subtype, with no recurrence being expected.⁽⁶⁾ The surgical approach is dependent on the site of the tumor and the proposed cosmetic result.⁽¹⁰⁾ Lesions outside the oral cavity may show greater recurrence rates after surgical excision.⁽¹¹⁾

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