



A Rare and Voluminous Cervical Tumor (A Case Report and Literature Review)

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ABSTRACT

Fusiform cell lipomas are rare adipocytic tumours characterized by proliferation of mature adipocytes and fusiform cells; we report the case of a 59-year-old patient who received surgical removal from a left cervical tumor whose anatomopathological examination returned in favor of a fusiform cell lipoma.

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Introduction

Fusiform cell lipomas are rare adipocytic tumours characterized by a proliferation of mature adipocytes and fusiform cells associated with short collagen bundles. These are still benign but difficult to differentiate between fusiform cell liposarcomas, myxoid liposarcomas or well differentiated liposarcomas.

Observation

We report the case of a 59-year-old patient, without any particular antecedents, who has had a left cervical tumour that has been gradually increasing in volume for the past 10 years and evolving in a context of apyrexia and general state preservation. The clinical examination objectified a voluminous left lateral-cervical mass, with no visible inflammatory signs, painless and adherent to the underlying muscular plane with 10 cm long axis. (figure 1)



Figure 1. Preoperative Images Showing The Left Cervical Tumor.

The patient benefited from an ultrasound objectifying a submaxillary left tissue formation, cervical CT with contrast injection demonstrated a tissue mass developed within the left sternocleidomastoidian muscle exerting a mass effect on the left vascular axis and pushing the left parotid. (figure 2)



Figure 2. CT scan showing a mass developed with the SCM muscle.

Under general anaesthesia the patient received a complete surgical tumor removal (figure 3) by cervical incision with no complications.



Figure 3. Per operative image showing the total removal of the cervical tumor.

The anatomopathological examination of the tumour piece required an immunohistochemical study, which returned in favor of a fusiform cell lipoma. The post-operative evolution was satisfying with a 1 year observation.

Discussion

Fusiform cell lipoma (FCL) is a lesional continuum characterized by the variable association of mature adipose tissue, fusiform cells and multinucleated giant floret-like cells. FCL is usually located subcutaneously on the posterior side of the neck, trunk and shoulders, typically in men with an average age around 55 years (less than 10% of cases occur in women). Localisations are described less frequently in the face, forehead, scalp, perioral region, upper limb [1], oropharynx [2], or even the retropharyngeal region [3]. Clinically, FCL presents as an asymptomatic subcutaneous mass of slow growth. In macroscopy, FCL is a mass of consistency firmer than a typical lipoma, yellow or white-greyish depending on the proportion of adipose tissue or fusiform cells. However, some Lcfs may have a gelatinous consistency [1]. In histology, the FCL is a lesional continuum combining mature adipocytes, mitosis-free fusiform cells surrounded by collagen clusters or a myxoid matrix, and multinucleated giant cells whose nuclei sometimes adopt a radial arrangement called "floret-like". In some cases, the nuclei of the fusiform cells may adopt a palisade arrangement

and associate with hyalinized-walled vessels, the appearance of which may mislead a Schwannome. In addition, the presence of multinucleated floret-like cells can cause differential diagnosis problems with liposarcoma. Fusiform cells express CD34 strongly and can rarely express the S100 protein and occasionally desmine.

Lipomas are benign tumors that can particularly recurrent deep lipomas, for several authors these lipomes do not degenerate, and the main differential diagnosis is liposarcoma especially well differentiated liposarcoma which has many similarities with benign lipoma hence the fear of surgeons to miss a liposarcoma when dealing with these tumors.

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