



A giant lipoma of the thigh: a case report

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ABSTRACT

Soft tissue tumors, benign or malignant, are often seen and diagnosed at a stage they become clinically gigantic or when traditional treatments undertaken prove their inefficiency. Authors wanted to illustrate this fact by relating the observation a giant lipoma of the thigh. The authors report in this study the observation of a 48 year old patient with a painless swelling of the left thigh evolving for 35 years and gradually increased in size, without repercussion on the function or the General state. Palpation founds a tumor in the anterolateral region of the left thigh. Radiography shows the shadow of the tumor with bone integrity. For reasons of lack of resources, MRI could not be done. Histology confirmed the diagnosis. A giant lipoma of 2900 grams measuring 27x18 cm.anatomopathology reconfirms the diagnosis.

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Introduction

Lipomas are benign fatty tumors, slow growing, they can be large in adults, and be inconvenient without being malignant. These tumors occur between 22 and 75 years with a slight female predominance and with a disease duration ranging from 2 months to 40 years.

Materials and methods

A male patient, aged 48, which has for 35 years, a swelling of the anterolateral surface of the left thigh, gradually increasing in volume, without altering the general condition or presenting signs of local or regional compression.



Fig 1: A giant lipoma of the left thigh

Clinical examination revealed a swelling measuring 30 x 20 cm, localized on the anterolateral surface of the left thigh, painless, relatively fixed relative to the two planes, with tissue consistency, without collateral venous circulation, or signs of vascular compression. There is no peripheral lymphadenopathy. Joints of the hip and knee were free.

The standard radiograph showed a homogeneous opacity without signs of malignancy or bone involvement.

Due to lack of resources, MRI has not been possible.

A surgical biopsy made the diagnosis of lipoma . Surgical excision was performed after histological confirmation of

benignity. The resected specimen, was 2,900 grams weighing. A second histological examination reconfirmed the diagnosis.



Fig 2: Surgical excision taking the biopsy scar



Fig 3: Excision specimen weighting 2900 GRAMS

Discussion

A lipoma is a growth of fat benign cells. It is considered giant when it's larger exceeds 5 centimeters [1].The localization of the thigh as in our case is relatively rare [2]. TERZIOLU reported a serie of 12 cases [4] .The few reported cases have

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been observed at some point they became functionally significant, which constitutes most frequent consultation pattern.

According to the literature, delay of consultation is also due to progressive evolution and absence of pain, the consultation period is between 02 months and 40 years [4], in our observation, that period was 35 years.

Fimmano[3] had highlighted the concept of trauma in the clinical history of a giant lipoma of the thigh, we have not identified this notion in our case. Other locations have been reported, particularly at forearm and hand [1], in the breast [6] and intra thoracic level [7]

These tumors, even though benign, may be associated with complications such as nerve compression (especially the sciatic nerve), rupture and infection [7].

It is worth remembering that this giant tumor should always be discussed and considered before any unwanted and harmful surgery, in fact, liposarcoma, main differential diagnosis of giant lipomas, must always be kept in mind.

Radiography, ultrasound soft tissue, CT and MRI provide arguments of these benign tumors, but do not give the diagnosis. In our case, because of the unavailability of MRI, we opted for a biopsy at first, and once the histological diagnosis in hand, we performed a total resection of the tumor. The histological examination of the surgical specimen confirmed beyond doubt the diagnosis of a benign tumor consistent with a lipoma. A simple surveillance was introduced thereafter.

Tumor recurrence is always possible and sarcomatous degeneration must be watched for. HAKIM [5] has not noted degeneration or recurrence in the cases he reported, with a decline of 05 years. Some authors have proposed liposuction as alternative to conventional surgery [9], but once there is a doubt on the histological type of tumor, it is wise to proceed by conventional surgery, only guarantee for a full removal of the tumor.

Conclusion

Nothing resembles to a Lipoma more than a liposarcoma. Therefore we must strive to find signs that are unusual for an ordinary benign tumor and follow few rules and precautions to avoid inadequate treatment.

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