

ORAL LIPOMA: A CASE REPORT

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ABSTRACT:

Lipoma is the benign tumor of adipose tissue. It constitutes about 1 to 2% of all benign neoplasms of the oral cavity. Intraorally, it occurs predominantly in the buccal mucosa followed by tongue, floor of the mouth, buccal vestibule and rarely in the palate and gingiva.

An 80-year-old male reported with a swelling in the right buccal mucosa for the past two years. Clinically the swelling was light yellow in color and had a broad peduncle. The swelling was soft in consistency and mobile. A provisional diagnosis of a lipoma was made. The tumor was excised and confirmed by histopathological examination.

KEYWORDS: Lipoma, Buccal mucosa.

INTRODUCTION

Lipoma is a benign tumor of fat cells and represents by far the most common mesenchymal neoplasm occurring mostly on the trunk and proximal portions of the extremities.¹ Although lipomas comprise of 15 to 20% of benign tumors of head and neck², it is relatively rare in the oral cavity. Oral lipoma was first described by Roux in 1848, who referred it to as "yellow epulis"³ and comprises of about 1 to 2% of all benign tumors of the oral cavity.⁴ Buccal mucosa is the most favored site followed by the tongue, floor of mouth, buccal vestibule, lip, palate, gingiva and retromolar area.⁵ This paper reports a case of lipoma occurring in the buccal mucosa, which is a usual site.

Case report

An 80-year-old male reported with a painless swelling in the right buccal mucosa since two years that was gradually increasing in size. He was a known hypertensive and was under regular medication. He uses upper and lower partial dentures for his missing teeth since 6 years. His family and personal history were noncontributory and the review of his systems was normal.

Intraoral examination revealed a single oval shaped pedunculated swelling of about 1.4 x 1.7 cm in size in the right buccal mucosa in relation to teeth 47,48 region (Fig. 1). The swelling was very light yellow in color with a smooth surface and was nontender on palpation. The

consistency was soft and the swelling was movable. No pulsations were felt. Considering all these features, a provisional diagnosis of a lipoma was made. Fibroma, Pyogenic granuloma were considered in the differential diagnosis.

The tumor along with the peduncle was excised and subjected to histopathological examination. Section stained with hematoxylin and eosin showed well circumscribed lesional tissue composed almost entirely of adipose cells. A few areas showed sparse and scattered inflammatory cells. The lesion is covered by mild hyperplastic parakeratinized surface epithelium giving a definitive diagnosis of lipoma (Fig. 2).

DISCUSSION

Lipoma is a benign, slow growing tumor composed of mature adipose cells. Though lipoma contributes to 15 to 20% of all benign tumors of head and neck, the review of literature shows that intraoral lipomas are relatively rare and accounts for 2.24% of the benign tumors of oral cavity.⁵ Among the reported intraoral lipomas, 50% occur in the buccal mucosal region. Other sites of common occurrence are floor of mouth, buccal vestibule and lip. The least favored sites are palate, gingiva and retromolar area.⁶ Our patient had lipoma in the right buccal mucosa, which is a usual site of occurrence as reported in the literature.



Fig.1 Intra oral view of the lesion

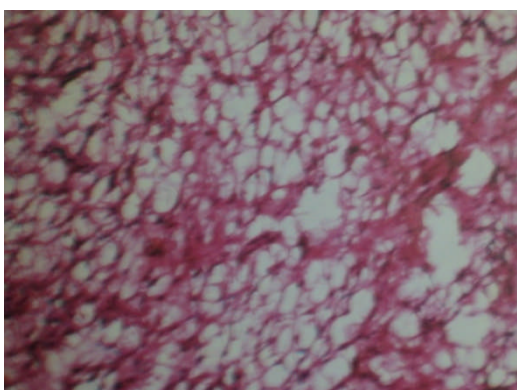


Fig.2. Histopathology

Most oral lipomas arise within the superficial connective tissue and exhibit the characteristic yellow color of adipose tissue, which is visible through the thin overlying epithelium⁷. Its consistency is usually soft. Our case had the similar features. It may be soft that pseudofluctuancy can be elicited⁸. The usual site, presence of yellow color and a soft consistency of the swelling led us to a clinical diagnosis of a lipoma.

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