CASE REPORT

LIPOMA OF THE SUBMANDIBULAR SPACE

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ABSTRACT: Lipomas in the submandibular space are uncommon. This report describes a case of lipoma in the submandibular space. The clinical features, imaging study, histopathological features and management of the tumour, are described.

INTRODUCTION: Lipomas of the submandibular space are relatively uncommon. Conventionally lipomas are divided into three types. Superficial lipomas (arise within subcutaneous tissue), deep lipoma (arise within deep soft tissue) and parosteal lipoma (arise within surfaces of the bone) 3. Although lipomas are generally diagnosed by clinical examination the imaging studies and histopathological examination can aid in establishing the diagnosis.

CASE REPORT: A 55-year old male patient presented with a swelling of the right submandibular region since two years. The swelling was painless and gradually progressive. Clinical examination revealed a smooth surfaced, soft, non tender mass (3×3cm) with well defined margins in the right submandibular region. The swelling was mobile not fixed to the skin and underlying bone. Clinically submandibular region swelling could be lymph node or glandular enlargement was suspected.

Ultrasonography of the right submandibular region showed a well circumscribed, elliptical mass which was relatively hyperechoic to the adjacent muscle which was adjacent to the base of the mandible. Fine needle aspiration cytology showed fragments of adipose tissue consisting of cells with large vacuole of fat and small peripherally located nuclei. Fragments also contained capillary vessels. It was negative for malignancy.

The patient underwent standard submandibular gland approach under local anaesthesia with sedation. Excised mass showed a well-circumscribed lesion that was easily separated from the surrounding tissues. Rest of the gland was normal. Marginal mandibular nerve was well preserved. Histopathological examination of the specimen showed adipocytes in lobules, separated by fibro

CASE REPORT

connective tissue and muscle bundles were noted. These features were suggestive of superficial lipoma.

DISCUSSION: Although Lipomas are relatively uncommon in the head and neck region they should be kept as one of the differential diagnosis of neck mass. Furlong et al in their study reported that lipomas in the head and neck are common in the parotid region followed by buccal mucosa and lip5. There have been reports of deep intra muscular lipoma in the submandibular region by Adachi et al1. Pusiol et al reported an oncocytic sialolipoma of submandibular gland2.

Lipomas, lipomatosis, angiolipomas, chondroid lipomas, lipoblastoma, lipobalostomatosis, spindle cell lipoma and pleomorphic lipomas are lesions that can mimic the condition. The solitary lipoma is common soft tissue tumours that result due to proliferation of histologically and chemically normal adipose tissue. Solitary lipoma is not developmental in origin and hence not considered as a Hamartoma, but rather a true neoplasm4.

When it comes to the diagnosis, sometimes clinical examination alone is not sufficient to identify the nature and exact location of the mass. In such a situation, imaging and histopathological examination can be useful. Ultrasound and magnetic resonance imaging can differentiate lipomas from other soft tissue tumours. In the case reported here, ultrasonography and histopathological examination were useful for the diagnosis. The prognosis of superficial lipoma is good and the risk of recurrence is low.

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CASE REPORT

Histopathological Examination

Superficial lipoma of submandibular space 001

Superficial lipoma of submandibular space 004