

Bilateral lingual lipoma: a case report

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ABSTRACT

Lipoma of the tongue is an uncommon benign tumor, being even more rare when there are multiple lesions. Lipoma accounts for 1-5% of all oral neoplasms. Lipoma occurs predominantly in males over the age of forty, although, in rare cases, children can be affected. Here, we report an unusual case of a female patient with bilateral lingual lipomas that were treated through surgical excision.

Keywords: Lipoma; Tongue; Surgical procedures, operative.

INTRODUCTION

A lipoma is a benign, slow-growing, asymptomatic tumor of mesenchymal origin; lipomas consist of adipose tissue and can be sessile or pedunculated, as well as single or lobulated, typically surrounded by a fibrous capsule.^{1,2} Although the etiology of lipoma remains unclear, causal factors include endocrine changes, trauma, and genetic makeup.³

Although lipoma of the oral cavity is uncommon, lipomas of the head and neck account for 15-20% of all head and neck neoplasms.⁴

Lipomas and 1-5% of all neoplasms of the oral cavity.²

The diagnosis of lipoma is predominantly based on clinical findings, histopathological findings being conclusive in all cases. Imaging tests can be useful, especially when lipomas are located in the deeper fascia of the neck or face. Histologically, lipomas consist of well-differentiated adipose tissue surrounded by a connective tissue capsule.⁵ Here, we report a case of bilateral lipoma of the lateral borders of the tongue treated with surgical excision.

CASE REPORT

An 85-year-old female patient sought medical attention complaining of a "lump" in her tongue. The patient reported that the lump had been present for approximately 5 years. Oral examination revealed

painless, endophytic nodules in the right and left lateral borders of the tongue. The lesion on the right was 1.0 cm in diameter, compared with 1.8 cm for the lesion on the left, in their longest axis. Both were

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soft, yellowish lesions with well-defined borders and no ulcerations (Figure 1).

A presumptive diagnosis of lipoma was made, and the patient underwent surgical excision under local anesthesia. Macroscopic examination revealed yellowish nodules with a lobular surface (Figure 2). Microscopic examination revealed the presence of mature adipose tissue interspersed with bands of dense connective tissue, confirming the diagnosis of lipoma.

In the case reported here, the histological features of the lipomas (i.e., predominance of simple lipomas), their clinical features (asymptomatic, encapsulated, round, yellowish/mucosa-like in color, smooth, and without ulceration), their anatomical location (the dorsum of the tongue), and their presentation (bilateral) were consistent with those reported in the literature, although the age and gender of the patient (an 85-year-old female) were not. At this writing, 2 years after the surgical excision of the lipomas, there were no signs of recurrence.

DISCUSSION

Lipomas rarely affect the oral cavity, accounting for only approximately 5% of all intraoral neoplasms. The etiology of lipoma has yet to be definitively established but includes endocrine changes, hereditary factors, local trauma, and infection.⁶ Histologically, lipomas are indistinguishable from normal adipose tissue.⁵



Figure 1 – Initial clinical appearance of the lesions, which were located in the lateral border of the tongue.



Figure 2 – Surgical excision of the lipomas.

Although some studies have reported that males are more often affected,^{2,7} others have reported that lipomas are more common in females.^{8,9} Individuals in the 30-70 year age bracket are the most affected, lipomas being rare in those under 20 years of age.^{2,10} Regarding the intraoral commitment, the buccal mucosa, the vestibular fornix, the floor of the mouth, the tongue, the inner surface of the lips, the alveolar ridge, the palate, and the salivary glands, are the most commonly affected sites.¹⁰

Lipomas can be double (bilateral) or, in rare cases, multiple. Multiple lipomas are generally related to lipomatosis, neurofibromatosis type 1 (formerly known as von Recklinghausen's disease), Gardner syndrome, and adiposis dolorosa (also known as Dercum's disease).

The differential diagnosis of lipoma includes epidermoid cysts, lymphoepithelial cysts, ranulas, pleomorphic adenomas, and mucoepidermoid carcinomas.¹¹ In suspected cases of deep-seated lipoma, computed tomography can assist in ruling out vascular lesions and in identifying important anatomical structures that are adjacent to the lesions.¹²

The histopathological features of lipomas are typical: they consist of well-differentiated adipose tissue surrounded by a connective tissue capsule. Although morphologically indistinguishable from normal fat cells, tumor cells are metabolically more active. The fibrous capsule may sometimes be absent or ruptured.¹³

Conservative treatment of lipomas involves complete surgical excision by excisional biopsy, especially in cases of infiltrative lipoma.¹⁴ Recurrence is rare when the lesion is completely excised.^{2,3,6,10}

As evidenced by the case reported here, lipoma of the oral cavity can be treated successfully through conservative treatment.

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