

## **Giant Lipoma over Thigh**

**Abstract:** Lipoma is the most common benign soft tissue tumor. It can be of variable size, but it is mostly slow-growing, mobile, and of soft mass. This is a case report of a large swelling over the posteromedial aspect of the right thigh, which progressively increased over a period of 10 months. An MRI showed the swelling to be in the subcutaneous plane. Several core needle biopsies showed the presence of fat necrosis with calcification. Excision of the swelling was carried out, which showed on histopathological examination as lipoma.

Keywords : Lipoma, MRI, liposarcoma

### **Introduction**

Lipomas are among the most common benign mesenchymal tumors found in humans and occur with an estimated prevalence rate of 2.1 per 1000 tumors and.<sup>1</sup> Most lipomas are small, often measuring less than two centimeters in diameter and weighing only a few grams.<sup>1</sup> Occasionally, lipomas weighing more than 200 grams and of size greater than 10 cm have been recorded in the literature in various anatomical locations.<sup>1</sup> The rarity of such lipomas has led to patients with such benign lesions being rather evaluated as sarcomas and teratomas.

### **Case presentation**

A 52-year-old-year-old patient from Bargarh, Odisha, came to Surgery OPD with the chief complaint of swelling over the right thigh over a period of 10 months ago. Patient appeared to be in good health 10 months ago. To start with, he noticed a swelling the size of a lemon over his right thigh, which increased to its current size. The swelling wasn't associated with any pain or tenderness over the mass, and it also denied any systemic symptoms such as fever, night sweats, or weight loss.

The patient had an unremarkable medical and surgical history. On examination, there was 15 x 20 cm of swelling over the posteromedial aspect of the right thigh. The skin over the swelling appears normal. The swelling has a non-tender, smooth surface, a distinct margin, a soft consistency, and is not fixed to the overlying skin or the underlying muscle. An MRI was obtained and showed a well-marginated expansile homogenous lesion of size 16.7 x 26.2 x 29.1 cm involving the right thigh in the medial subcutaneous parietal plane.



Fig 1 : Large swelling over thigh

Subsequently, several **histopathological** biopsies of the mass were performed, all of which revealed fat necrosis with calcifications. A differential diagnosis of lipoma vs liposarcoma was made. 3 weeks after presentation, surgery was performed to excise the mass. The mass of 6kg was removed, and the skin was closed by primary sutures with the placement of a closed suction drain. The specimen was sent for histopathological evaluation.



Fig 2 : Cut open specimen

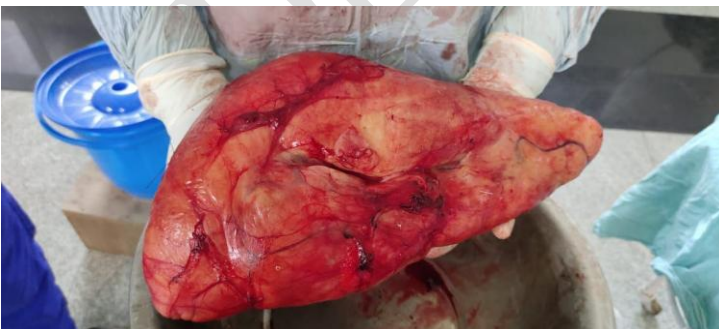


Fig 3 : Excised specimen

Postoperatively, the patient did well without any complications and was discharged home with regular follow-up. The core needle biopsy came out to be lipoma of the thigh. The patient has been on follow-up for 2 months without any complications.

## Discussion

Lipomas are benign soft tissue tumors with no malignant potential. They present as a solid, slow-growing, mobile subcutaneous mass of tissues. Though usually of size less than 5cm, they can be of larger sizes. Often, large-size lipomas are difficult to differentiate from liposarcomas, and hence, they must be biopsied, excised, and sent for histopathological examination for a final diagnosis.<sup>2</sup>

Also, giant lipomas produce pressure symptoms as per the locations where they are present.

A similar case was presented by Morales et al. over the thigh of a 25-year-old female, which made it difficult for her to walk. <sup>3</sup>

Kabiri et al. presented three cases of lipoma of the anterior neck and supraclavicular region, with one case having pressure symptoms of pain and paresis in the deltoid region. <sup>4</sup>

Jia et al. presented a giant lipoma of the hip with pressure symptoms of numbness and pain in the lower limb. <sup>5</sup>

Toft et al. reported a case of giant intramuscular slow-growing lipoma, which was difficult to differentiate from liposarcoma, producing a dilemma at the time of diagnosis. Eventually, a wide excision of the tumour showed lipoma on the histopathological report. <sup>6</sup>

Lipomas can be present in the retroperitoneal region; as reported by Petca et al., a huge tumour covering almost half of the abdomen was removed and showed benign features on histopathology. <sup>7</sup>

Lipomas can have varied presentations, and in this case, they masqueraded as an accessory breast. <sup>8</sup>

Szewc et al. reported a rare case of giant head lipoma, which proves its ubiquitousness and rarity, as lipomas in the head are small. <sup>9</sup>

## Conclusion

It is rare for lipomas to attain such size. These masses must be differentiated from liposarcomas.

Usually the prognosis is good, but recurrence is possible. <sup>5</sup> Usually, they are asymptomatic but may produce pressure symptoms.

## Consent

As per international standards or university standards, patient(s) written consent has been collected and preserved by the author(s).

## Ethical Approval:

As per international standard or university standards written ethical approval has been collected and preserved by the author(s).

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