Recurrent Fibrolipoma of the Left Thigh - A Case Report

Corresponding Author:
Dr. Mohanad M Sultan,
Specialist in Surgery, Dept. of General Surgery, Gulf Medical College Hospital & Research Centre, Ajman, UAE, 4184 - United Arab Emirates

Submitting Author:
Dr. Mohanad M Sultan,
Specialist in Surgery, Dept. of General Surgery, Gulf Medical College Hospital & Research Centre, Ajman, UAE, 4184 - United Arab Emirates

Article ID: WMC003378
Article Type: Case Report
Submitted on: 15-May-2012, 01:12:25 PM GMT Published on: 16-May-2012, 06:39:28 PM GMT
Article URL: http://www.webmedcentral.com/article_view/3378
Subject Categories: GENERAL SURGERY
Keywords: Fibrolipoma, Lipoma, Spindle cell lipoma, CT, MRI.
How to cite the article: Sultan MM. Recurrent Fibrolipoma of the Left Thigh - A Case Report . WebmedCentral GENERAL SURGERY 2012;3(5):WMC003378
Copyright: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source(s) of Funding:
None

Competing Interests:
None
Recurrent Fibrolipoma of the Left Thigh - A Case Report

Author(s): Sultan MM

Abstract

A 43 year old male presented with giant fibrolipoma of the left thigh, recurrent for the 4th time. On contrast CT & MRI the tumor had massive adipose and non adipose components and enhanced heterogeneously with multiloculated mass engulfing the left femur and the femoral neurovascular bundle. The lesion was initially thought to be liposarcoma or spindle cell lipoma. At surgery the tumor was multiloculated with dense adhesions from the previous surgeries engulfing the left femur and the neurovascular bundle. Histologically, the tumor was diagnosed as fibrolipoma. Subcutaneous and intramuscular fibrolipoma are rare, and are defined as subtype of lipoma.

Introduction

Lipomas are the commonest soft tissue tumor; subclassified according to particular morphological features as conventional lipoma, fibrolipoma, angiolipoma, spindle cell lipoma, myolipoma, pleomorphic lipoma, and nevrolipoma. Some of the variants have characteristic chromosomal abnormalities. For example, conventional lipoma often show rearrangement of 12q,14-15 and 13q and spindle cell and pleomorphic lipomas have rearrangement of 16q and 13q.1-3

Case Report(s)

A 43 year old male patient presented with recurrent mass in the left thigh, operated three times before. The patient was complaining of diffuse swelling and pain that was increasing with walking and exercise. The patient underwent surgical excision of the lesion in 2005, 2006 and 2008 respectively. General examination revealed no abnormalities. The distal limb examination revealed no abnormalities, normal neurological and vascular examination apart from the superficial varicosities at the distribution of the long saphenous system. The patient was admitted to the hospital, routine laboratory investigations was done, CT-scan, MRI & Doppler study of the left lower limb were done. CT-scan with contrast of both femur showing a large septated hypodense lesion in the left thigh occupying the whole length of the thigh anteriorly and posteriorly, anteriorly involving the vastus intermedius as well as vastus lateralis and sartorius extending to upper femur posteriorly involving the adductor magnus and hamstrings, displacing the femoral vessels, but the vessels had normal appearance (Figure 2). All the routine blood investigations were performed and the results were within normal limits. The decision was to proceed for surgery (Figure 3).

The operation started under spinal anesthesia, supplemented by general anesthesia in the last one hour of the surgery. The left thigh was approached through the old incision, which was excised, the deep fascia was opened laterally to fascia lata and medially to the rectus muscles. The extension of the wound was performed from the top of the incision inferomedially. Multiple lipomas were dissected laterally underneath tensor fascia lata up to the greater femoral trochanter, medially a multiloculated lipoma surrounding the femoral vessels was noticed. The femoral vessels were dissected and isolated. Two lipomas which were deep and attached to anteromedial aspect of femur adhered to the periosteum extending down up to the lower 1/3 of femur. Long saphanous vein was ligated. Total excision was done. The weight of the excised tumor was 2.7kg. The wound was closed in layers. The patient underwent smooth postoperative period and was discharged well after two days.

The histopathological report documented that the tumor contained mature adenocystes with fibrous tissue with no malignancy and consistent with fibrolipoma (Figure 4 & 5).

Discussion

Most lipomas are painless except angiolipoma which is painful4. Multiple lipomas are sometimes related to
certain conditions like neurolipomatosis, and Dercum’s disease (adiposis dolorosa). According to the anatomical position lipomas can be subcutaneous, subfascial like in the palmer or plantar fascia, subsynovial from the fat pad around the joint, intraarticular, intramuscular mainly in the thigh or around the shoulder, sometimes hardly distinguished from fibrosarcoma. Subserous lipoma can grow beneath the pleura. Submucous lipoma occurs underneath the mucous membrane of respiratory or alimentary tract, larynx, tongue, and intestine. In the intestine is likely to cause intussusception. Intraglandular lipoma may be found in the pancreas under the renal capsule and in the breast. Retroperitoneal lipomas can be seen in the retroperitoneal space, some of which turn into liposarcoma.

Conclusion

Fibrolipoma is a subtype of the intramuscular lipomas. Owing to transmitted pressure, the tumor becomes firmer when the adjacent muscles are contracted. Weakness or aching results owing to mechanical interference with the muscular action. The surgery is sometimes challenging and needs a meticulous technique. Yet there is a chance of recurrence.

Acknowledgement(s)

My sincere thanks to Dr. Haridas and Dr. Qabas Malik for their support for this surgery and Dr. Wasna Ali, pathologist who gave the histopathological report

References

Illustrations

Illustration 1

Figure 1. Gross appearance of the left thigh before surgery

Illustration 2

Figure 2. CT-scan of the left thigh
Illustration 3

Figure 3. Starting the dissection

Illustration 4

Figure 4. The excised fibrolipomas
Illustration 5

Figure 5. The completely healed wound
Disclaimer

This article has been downloaded from WebmedCentral. With our unique author driven post publication peer review, contents posted on this web portal do not undergo any prepublication peer or editorial review. It is completely the responsibility of the authors to ensure not only scientific and ethical standards of the manuscript but also its grammatical accuracy. Authors must ensure that they obtain all the necessary permissions before submitting any information that requires obtaining a consent or approval from a third party. Authors should also ensure not to submit any information which they do not have the copyright of or of which they have transferred the copyrights to a third party.

Contents on WebmedCentral are purely for biomedical researchers and scientists. They are not meant to cater to the needs of an individual patient. The web portal or any content(s) therein is neither designed to support, nor replace, the relationship that exists between a patient/site visitor and his/her physician. Your use of the WebmedCentral site and its contents is entirely at your own risk. We do not take any responsibility for any harm that you may suffer or inflict on a third person by following the contents of this website.