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Case Report

Pathology Section

Lipoma of the Tongue – A Rare Site for a Common Tumour

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ABSTRACT

Although lipomas are among the most common mesenchymal neoplasms, only 1 to 4% affect the oral cavity. Lipoma of the tongue represents about 0.3% of all the benign lesions of the oral cavity. These soft tissue tumours of adipose tissue origin are not interesting as such, but the sites of their presence may attract our attention. Lipoma of the tongue is a rare site for a common tumour. Herein, we present a rare case and the management of the site.

Key Words: Lipoma, Tongue, Benign

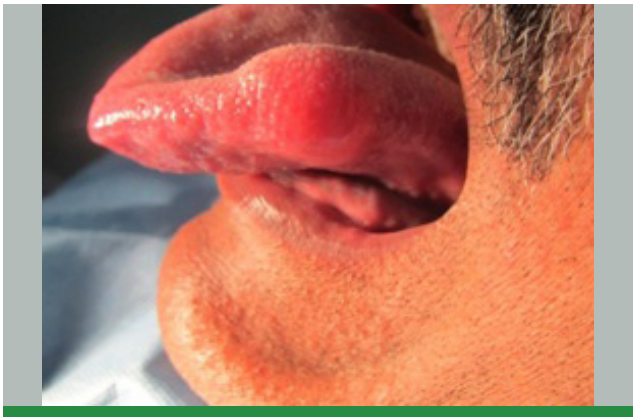
INTRODUCTION

Lipoma is a quite common, benign tumour of adipose tissue, but its presence in the oral and the oropharyngeal region is relatively uncommon on a comparative basis of the lipomas that present in the head and neck. Roux, in 1848, identified the first oral lesion and termed it as "yellow epuli". It is surprising to know that the tongue which is devoid of fat cells, is also a site for lipomas rarely and one such case has been presented here for its rarity.

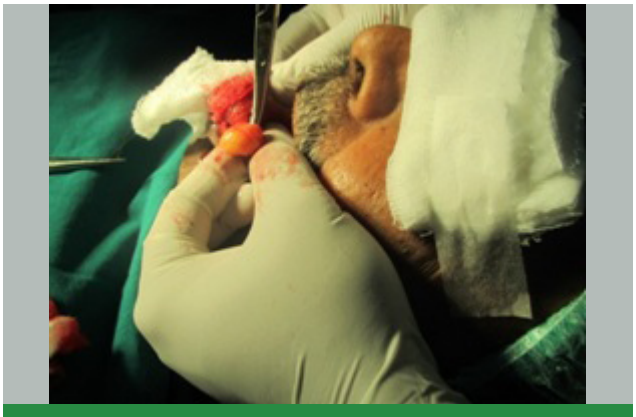
CASE REPORT

A 48-years old male patient reported to our clinic with the chief complaint of a painless swelling on the lateral border of the tongue, on the left side, which was present since 2 months [Table/Fig-1]. The swelling neither interfered with speech nor mastication. There was no history of trauma, tongue bite or tooth extraction. The patient's past history, medical history and systemic review were insignificant.

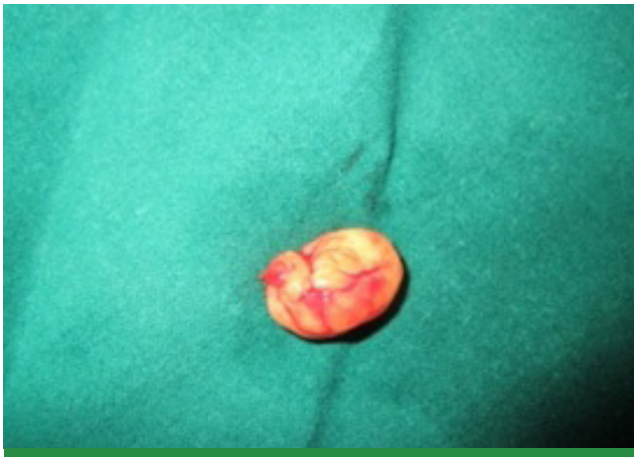
On his clinical examination, the swelling was found to be tensely cystic, it measured approx. 1.5 x 1.5 cm in diameter and it was present on the lateral border of the tongue, on the left side. The mass was inconsistent with a well defined border, it was free from the muscles of the tongue with a positive slip sign and it was non compressible and non pulsatile. Clinically, the swelling corresponded to a lipoma. An excisional biopsy was performed and the tissue was sent for a histopathological confirmation. This confirmed our clinical diagnosis as a definitive one [Table/Fig-2-4].



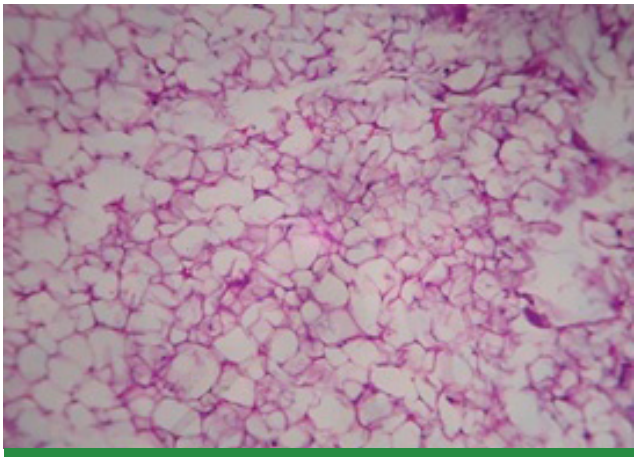
[Table/Fig-1]: Swelling of lateral aspect



[Table/Fig-2]: Surgical removal of lipoma



[Table/Fig-3]: Removed lipoma



[Table/Fig-4]: Histological slide

DISCUSSION

Lipomas are benign, slow growing tumours of adipose tissue origin, with a majority being located in the head and neck. Lipoma of the tongue comprises only 4-5% of all the benign tumours in this location. Although most of the lesions are considered as developmental anomalies, those that occur in the maxillofacial region, usually arise after the fourth decade and are presumed to be neoplasms of the adipocytes. They may occasionally be associated with trauma. Solitary lipomas can occur in the subcutaneous tissues or they can be situated within the connective tissues. Lipomas can be multiple, with an autosomal dominant inheritance, as in neurofibromatosis, Gardner's syndrome, Proteus syndrome and mutiple familial lipomatosis. Their clinical course is usually asymptomatic until they grow into large sizes. The large tumours have been shown to cause dentofacial deformities, anterior open bites and masticatory difficulties, as well as airway and speech problems. Clinically, they are observed as long standing, soft, nodular asymtomatic swellings which are covered by a normal mucosa and they can be sessile or pedunculated. Cases of a superficial one, yellow surface discolouration can be noted. On palpation, the lesion is found to be situated deep within the connective tissue, it may seem fluid filled and it may lead to a mistaken diagnosis of a cyst. A lipoma, if it is well encapsulated, moves beneath the mucosa but the undemarcated lesions are not movable. The differential diagnoses include papillomas, fibroepitheleal polyps, haemangiomas, lymphangiomas, neurofibromas and neuromas.

Histopathology remains the gold standard in the diagnosis of lipoma. The lipomas mimic the surrounding fat in the composition of the fat cells. But their cell sizes and shapes may vary and are they are usually larger. Lipomas are thinly encapsulated and they show distinct lobular patterns, but the deep seated lipomas are irregular, depending on their sites of origin.

Surgical excision is the main stay of the treatment. A recurrence is usually uncommon and it can occur, especially in cases of infiltrating lipomas that tend to invade The surrounding muscles.

CONCLUSION

The tongue is a rare site for a common lipoma and here is the report of such a case. This universal tumour stirred our interest with regards to its anatomical location and it was treated successfully with a wide local excision of the tumour.

REFERENCES

[1] Hatziotis JC. Lipoma of the oral cavity. *Oral Surg Oral Med Oral Pathol*. 1971;31:511-24

[2] Rapidis AD. Lipoma of the oral cavity. *Int J Oral Surg.* 1982; 11:30-35.

[3] Weiss SW. Lipomatous tumours. *Monoger Pathol*. 1996;38;207-39.

[4] Chizh GL. Giant lipoma of the tongue. *Vesten Otorhinolaryngol.* 1998;3:73-74.

[5] Fletcher CDM, Bates ME. Intramuscular and intermuscular lipoma; a neglected diagnosis. *Histopathology.* 1988;12:6275-87.

[6] Dionna PG, Seemayer TA. Infiltrating lipoma and angiolipoma revisited. *Cancer*. 1974;33:732-38.

[7] Seldin HM, Seldin SD, Rakower W, Jarrett W J. Lipoma of the oral cavity: Report of 26 cases. *J Oral Surg.* 1967;25:270-74.

[8] Gier RE. Yellow conditions of the oral cavity. In: WodNK, Goaz PW(eds). *Differential diagnosis of oral and maxillofacial lesions*. 5th edi.1997 ;225-31.

[9] Brightman VJ. Diseases of tongue. In: Lynch MA, Brightman VJ, Greenberg MS(eds). Burket's oral medicine, 9thedi. Philadelphia: *JB Lippincott co.* 1994 ;240-98.

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