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GIANT BREAST LIPOMA- AN UNUSUAL PRESENTATION.

General Surgery

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ABSTRACT

Lipomas are benign mesenchymal tumors that develop in areas that are abundant in adipose tissue. Lipomas rarely occur in breasts, hence posing diagnostic uncertainty. We report the case of a 70-year-old female with a giant tumor of the right breast which compromised most of its mass causing breast asymmetry. After surgical resection the diagnosis resulted a benign lipoma. The case prompted this report due to its challenging size location and diagnosis.

KEYWORDS

Giant Breast Lipoma, Usg, Breast Neoplasms.

INTRODUCTION

Lipoma is one of the most common neoplasms derived from fatty tissue with an incidence of 16% of all mesenchymal tumors[1]. 20% are situated on the chest wall.

They present as well circumscribed, encapsulated masses with a doughy feel which is freely mobile under the skin. Patients with breast lipomas may seek medical attention when concerned with size augmentation or disfiguration and due to fear od malignancy.

Giant lipomas are defined as lesions that have a diameter of at least 10 cm, or weigh more than 1000 gm.[2]

The present case is of interest due to age of the patient, clinical course, size and location.

CASE REPORT

A 70-year old female presented to the surgery OPD with a slow-growing, painless lump in the right breast in the upper inner quadrant. This lump was non-tender, mobile, measuring 15x12x1 cm, with no differential warmth, well defined borders, lobulated surface and unattached to the skin or underlying structures. No axillary nymph node enlargement noted. Contralateral breast was normal (Figure 1).

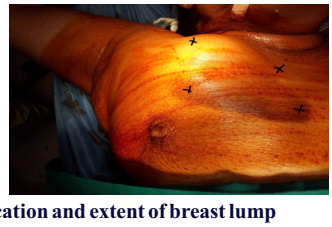

Figure 1: Location and extent of breast lump

Ultrasonography of the right breast revealed a lump of 15X10X1 cm in the upper inner quadrant of the breast with no axillary lymph node involvement. FNAC was suggestive of benign breast lesion: lipoma. Patient underwent surgical excision of the lump. A morphological examination demonstrated a 15x10x2 cm lobulated, well circumscribed lump. A microscopic examination revealed mature adipose tissue separated by thin fibrovascular septae. (Figure 2 and 3)

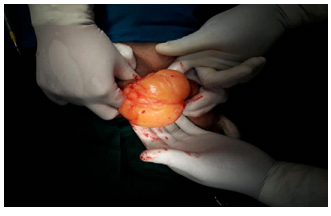

Figure 2: breast lump being delivered.

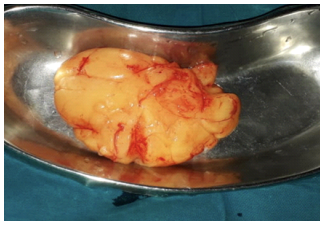

Figure 3: Specimen.

DISCUSSION

Lipomas being the most common mesenchymal tumors are usually benign, well circumscribed and covered by a thin capsule appearing in every region of the body with a prevalence of 2.1 per 1000 people.[3] They may be classified according to their etiology, histological patterns, localization and dimensions. The breast is a common site for lipomas, however, they tend to be small, asymptomatic lesions.[4]

Although lipomata are considered to be a band condition, they often cause diagnostic uncertainty, especially in the breast, due to its normal fatty composition and the difficulty of distinguishing them from other benign or malignant lumps.[5]

CONCLUSION

Lipomata of the breast are benign tumors with a limited risk of malignant transformations. After successful excision, they are associated with excellent prognosis. However, the challenge lies in reconstruction of the breast, taking into consideration the symmetry and aesthetics of the breasts as a paired structure[6].

Preparative diagnostic work-up needs careful assessment due to presentation of lipomas being similar to other pathologies, especially those associated with breast asymmetry and benign hypertrophy.

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