International Journal of Obstetrics and Gynecology ISSN 2736-1594, Vol. 10 (1), pp. 001-004, January, 2025. Available Online at www.internationalscholarsjournals.com © International Scholars Journals

Case Report

Giant lipoma of unusual part of the body in a 62-year-old post-menopausal woman: A case report

Mehri Sakhdari*

Department of Obstetrics and Gynecology, Mashhad University of Medical Sciences, Mashhad, Iran

Received: 08-May-2024, Manuscript No. IJOG-24-134391; Editor assigned: 13-May-2024, Pre QC No. IJOG-24-134391 (PQ); Reviewed: 28-May-2024 QC No. IJOG-24-134391; Revised: 02-January-2025, Manuscript No. IJOG-24-134391 (R); Published: 30-January-2025

ABSTRACT

Lipomas are benign tumors composed of mature adipose tissue, commonly found in the subcutaneous tissues of the neck, shoulders and back. However, their occurrence in atypical regions is relatively rare. We present the case of a 62-year-old post-menopausal woman who presented with a giant lipoma located in an unusual anatomical region. The patient was asymptomatic except for the gradual enlargement of a soft, mobile mass in the abdominal wall over a period of several years. Clinical examination revealed a firm, well-circumscribed mass measuring approximately 15 cm in diameter. Imaging studies, including ultrasonography and contrast-enhanced CT scan, confirmed the diagnosis of a lipoma, revealing its large size and distinct encapsulation. Surgical excision of the tumor was performed, and histopathological examination confirmed the diagnosis of a benign lipoma. The patient had an uneventful recovery and was free from recurrence at the 6-month follow-up. This case highlights the importance of considering lipoma in the differential diagnosis of unusual masses in atypical anatomical sites, even in elderly patients. A thorough clinical and radiological assessment is crucial for accurate diagnosis and optimal management of such cases. Although giant lipomas are uncommon, they can occur in various locations and should be treated surgically when symptomatic or growing in size, particularly in elderly individuals.

Keywords: Giant lipoma, Atypical location, Abdominal wall, Post-menopausal, Benign tumor, Surgical excision, Case report, Elderly, Adipose tissue, Soft tissue tumor.

INTRODUCTION

Lipomas are the most frequent mesenchymal benign tumors of soft tissue. The prevalence of these soft tissue tumors is estimated at 1% in the general population and the incidence rate is 2.1 per 1000 (Moshref et al, 2021)

The common areas where lipomas emerge are the upper extremity, upper back, abdomen and buttocks, but it could affect any part of the body. The genital area is one the rarest body parts where lipomas may emerge, however, few case reports announced genital area lipomas. It is anticipated that genital area lipomas are pieces of a bigger image puzzle that includes genital internal organ malformations and thus when lipomas are noticed, several other diagnostic approaches should be adopted. Lipomas are encapsulated by fibrous tissue and vary in size from tiny to huge. Diagnosis is mostly clinical and ultrasound is used for confirmation. In some cases, MRI is used when diagnosis is uncertain (Oh et al, 2009).

The techniques used for treatment include intralesional transcutaneous sodium deoxycholate injections, intralesional steroids combined with isoproterenol (a beta-2 adrenergic agonist) injections, liposuction of the tumor, or surgical excision. This latter is likely the most effective method to prevent them from reoccurring, though the encapsulation must also be removed for the most effective treatment and to decrease the risk of reoccurrence. If the decision is made to excise lipomas, then it should be done while the lesions are smaller rather than after they grow larger to reduce the risk of these encroaching on joints,

***Corresponding author.** Sakhdari M, E-mail: mehri.sakhdari@yahoo.com

nerves, and blood vessels, thus making the excision more difficult and invasive (Croce et al, 2022) .

The treatment of lipoma is important for several reasons. Firstly, when it interferes with the normal function of the affected person. Secondly, to prevent it from invading other vital organs, especially if it is located near them. Thirdly, from an aspect of cosmetic, particularly if it is large or in visible areas (Jozwik et al, 2014).

One of the rarest body areas that may be affected by lipomas or other soft tissue masses is the mons pubis which in this case report we have announced a lipoma of the mons pubis in a healthy-appearing patient with no positive history of HIV or other medical conditions which may be associated with lip dystrophic diseases.

CASE PRESENTATION

A 62 years old post-menopausal woman, multiparty 6 referred to our medical center (Gaem hospital of medical science in Mashhad city) in winter of 2020 with the chief complaint of giant hypogastric mass. Recently, the mass had caused problems in his walking. On the other hand, he had disturbed the vision of the genital area and kept it clean (Figure 1).

Figure 1. The gross characteristics of lipoma before surgery in case.

The patient has a past medical history of diabetes mellitus type 2 for 10 years, hypertension, and coronary artery disease for 5 years. There were no significant allergies reported. The patient's current medication includes Metformin tablets (500 mg twice a day), Atorvastatin tablets (40 mg daily), Clopidogrel tablets (75 mg daily), ASA tablets (80 mg daily), and Valsartan tablets 80 BID, which are prescribed for the treatment of cardiovascular disease (Jayi et al, 2014).

Physical examination revealed a 100 × 120 × 180 mm well-shaped mass with no fluctuation at the hypogastric area. The temperature was 37°C, Pulse rate 88 per minute and blood pressure was 130/80 mmHg. The first laboratory examinations made are summarized in Table 1.

Table 1. First day of admission laboratory results.

	Result
Hb	12.5 mg/dL
HCT	38.5
PLT	195 × 1000/dL
RBC	4.2 × 1000000/dL
Creatinine	1.2 mg/dL
Urea	49 mg/dL

- Normal range: 11.9-15 mg/dL
- Normal range: 150 × 1000-400 × 1000
- Laboratory range is adjusted for weight and age (1-1.5 mg/dL)
- Laboratory range is adjusted for weight and age (15-45 mg/dL)

Ultrasonography demonstrated a heterogenic hypo-echo mass sized 100 × 120 × 180 mm located on Mons pubis along with the subcutaneous fat tissue indicating a huge lipoma (Figure 1). Two days after admission, under sterile circumstances and spinal anesthesia after proper preparations were made, a horizontal incision was done at the bulging point of the mass and it was dissected but the capsule was not recognized. Subcutaneous drain was placed properly and the skin was sutured while excess tissues were removed to retain the cosmetic aspect of the surgery. The sample was sent to pathology for further analysis (Figure 2).

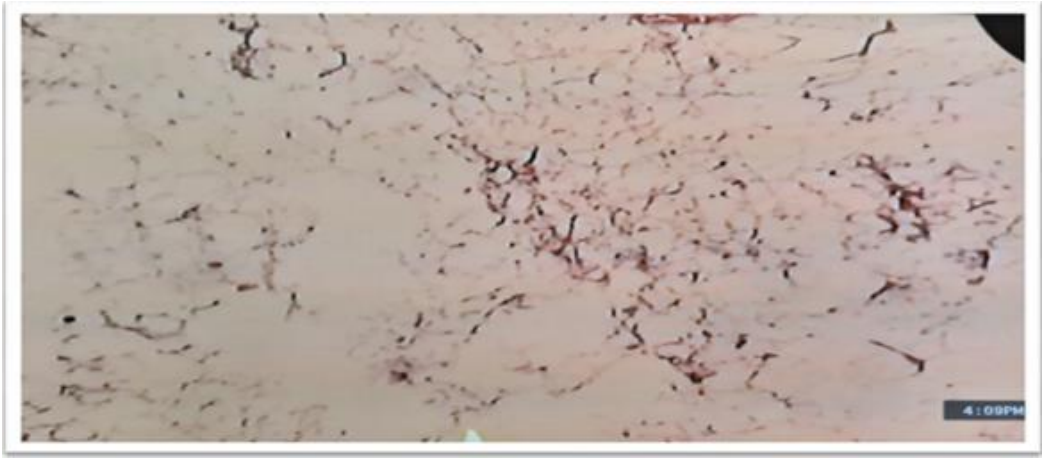

Figure 2. The histological image of case has demonstrated subcutaneous lipoma (H and E, original magnification 400x).

The report of pathology was: Mass was composed of lobulated, slow-growing, mature adipose tissue, having minimal connective tissue stroma. It rarely was not enclosed in a thin, fibrous capsule (Guaraldi et al, 2007).
The patient had an uneventful postoperative recovery and was discharged on the second day. cautions were taught to the patient. Vitamin C supplements and Anahil capsules were administered at the time of discharge. Regular follow-up visits were scheduled to monitor for any signs of recurrence or complications. Six months after surgery, the patient remains asymptomatic with no evidence of recurrence (Sivrioglu et al, 2011).

DISCUSSION

Lipomas are amongst the most prevalent soft tissue masses with an overall prevalence of 1% in the general population. Lipomas are mostly benign tumors of adipose tissue with distinctive borders and capsules. They appear mostly on the upper extremity or on the upper back and abdomen, however, they may emerge along the subcutaneous fat part of any body part including the genital area (Eftekhar et al, 2019).
Genital area lipomas are a rare medical condition, but their occurrence is not impossible. It has been hypothesized that genital area lipomas are associated with genital organ malformations which indicates further analyses when a patient is diagnosed with the aforementioned disease.
Giant lipomas are mostly observed in HIV+patients or different lipodystrophic medical diseases. Pourali et al. reported a rare case of vulvar lipoma in an adolescent girl that was encapsulated and resect successfully without recurrence. Leena et al have also reported a 43-year-old woman with labia major lipomatic mass that was more than 10 cm in diameter. The case is significantly similar to the present report except for the location which in this study was mons pubis and in Leena's was labia major.
Nazan et al. similarly reported a lipoma of mons pubis in a 48-year-old woman which was sized 20 × 15 × 5 cm and thus attributed to be huge in size. The similarities between the aforementioned article and the present study are the location of the lipoma which in both was mons pubis and also huge size which in both exceeded 10 cm. Also, both cases were not diagnosed with HIV or other lipodystrophic conditions. The major difference between the present study with Nazan et al was that the fibroma of the present case was not encapsulated.

CONCLUSION

Overall, we conducted this study to report a rare case of mons pubis lipoma in a 62-year-old postmenopausal woman. This report is important because, firstly, mons pubis lipoma is rare and secondly, the lipoma in our patient was without a capsule, which makes resection difficult. It seems that before the intervention, in the case of very large lipomas, it is better to use accurate imaging methods such as MRI, so that the margin of the lesion and interference

with the surrounding tissues are accurately defined, rather than removing excess tissue during surgery. Regular follow-up visits are necessary to ensure early detection of any possible recurrences.

FUNDING

No funding was required.

ETHICAL APPROVAL AND CONSENT TO PARTICIPATE

This report is approved by the Ethics Committee of Mashhad university of Medical Sciences. Its identity is IR.MUMS.REC.1402.046. Written informed consent was obtained from the patient for publishing this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal upon request.

ACKNOWLEDGEMENT

None.

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