

Vulvar Lipoma: A Case Report

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ABSTRACT

Lipomas are multilobular benign tumours of fat usually arising in the superficial subcutaneous tissues of the trunk and limbs but may also be found in the peritoneal cavity and within muscles. Lipomas are usually soft, fluctuant, painless, subcutaneous lumps measuring from two to 20 cm in diameter. Most lipomas are excised for cosmetic reasons. Lipomas of the vulva are rare and not so many cases were reported in the literature. We present a case of a large vulvar lipoma in a 30-year old woman.

Key words: Lipoma, vulva

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Introduction

Lipomas are the most common subcutaneous neoplasm. Although they are found most frequently on the trunk, these lesions may appear anywhere. Soft and fleshy on palpation, lipomas may grow to a large size and become substantially deforming. Histological examination reveals a lobulated tumor composed of normal fat cells.⁽¹⁾ Although fears of malignant degeneration have prompted resection in the past, no report of such malignancy has been substantiated. To date, the lipoma is widely viewed as benign with essentially no risk of malignancy.⁽¹⁾ Although observation is an option, surgical excision is required for tumor removal.

Vulvar lipoma is a type of rare benign tumor. We report a rare case of a large vulvar lipoma.

Case Report

A thirty-year old female patient, para four, referred from a general practitioner as a case of right labia swelling for two years. She has no history of rapid growth, or change in color or any discharge from the mass, the only reason to seek medical attention is the cosmetic disfigurement. Her previous menstrual and obstetrical history was unremarkable. No family

history of such complaint. On examination, there was a 15 x 6 cm lobulated and soft lump, extending from the right labia majora to the right perineum, easily reducible and not tender with no skin discoloration over it (Fig 1). Laboratory tests were within normal range.

CT scan detected an encapsulated low density soft tissue mass to the right of the vagina (Fig 2). Informed consent forms were obtained concerning the surgery and the case publication, including attached pictures. In lithotomy position and under general anesthesia a longitudinal elliptical incision incorporating an extra skin, along the medial aspect of the right labia majora was done, the fatty lump was identified, mobilized and excised. After securing haemostasis, the skin was closed with interrupted Nylon 2/0 (Ethicon, TX) sutures over a negative pressure drain. The postoperative course was uneventful and the patient left hospital on the second postoperative day. The fatty mass was sent for histopathology which confirmed the diagnosis of lipoma.

Discussion

Lipomas are common soft-tissue tumors. They are

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Fig. 1: Right labia majora and perineum lump (arrow)



Fig. 2: CT scan at the level of external genitalia reveals the lipoma (arrow)

slow growing benign fatty lesions forming lobulated masses enclosed by a thin fibrous capsule. They can occur anywhere in the body, mainly in areas with fat deposition like nape of the neck, shoulder, back, trunk, buttocks, hips, thighs, arms, forearms and abdominal wall. Most lipomas are subcutaneous, but they can occur in deeper tissues beneath the serosa of other structures such as the liver, lungs and heart, as well as, in the synovium of the joints and sub-mucous tissues orally and affecting the oesophagus. They may also occur intraperitoneally and in muscle tissues.⁽²⁾

Even though lipomas can occur at any age, they are commonly seen in third and fourth decades of life. They affect women more than men; and usually occur as a single lesion. However, in men they are often multiple and when such multiple lesions occur the condition is described as adipose dolorosa, which can run in families.⁽⁴⁾ Congenital childhood lipomas are mostly inherited and rare.⁽³⁾ Lipomas of the vulva have been reported in the literature. The first one was described by De Lima Filho *et al.*⁽⁵⁾ in 1969. This was followed in 1982 by Fukamizu *et al.* who reported a case of a large pedunculated vulvar lipoma

occurring in an infant.⁽⁶⁾ Junj-Tak *et al.*⁽⁷⁾ described the tendency to occur in children more on the right side. Other reports of lipomas of the vulva are also recorded in the literature.⁽⁸⁻¹¹⁾

Diagnostic imaging with CT, MRI and ultrasound are useful to assess the characterization of these tumors and differentiate them from cysts and also to exclude further pelvic involvement.⁽¹²⁾ In this case pelvic CT scans were used to confirm the lipomatous consistency of the mass and its relation to the surrounding structures. Vulvar lipomas must be differentiated from other soft tissue tumors. Sengupta *et al.*⁽¹³⁾ described a case of angiolipoma of vulva. Pantanowitz *et al.* reported vulvar adenolipoma.⁽¹⁴⁾ Other rare tumors such as aggressive angiomixoma,⁽¹⁵⁾ benign lipoblastomalike tumors,⁽¹⁶⁾ granular cell tumors and,⁽¹⁷⁾ liposarcoma,⁽¹⁸⁾ must be differentiated from a simple lipoma.

Conclusion

The treatment of vulva lipoma is adequate surgical excision. Confirmation by histopathology is mandatory to exclude malignancy.

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