

LIPOMA FACIAL INFILTRADO: UM CASO INCOMUM

INFILTRATE FACIAL LIPOMA: AN UNUSUAL CASE

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RESUMO

No caso relatado, a presença de lipoma nas regiões submandibular e sublingual foi examinada por meio de exame microscópico e tomografia computadorizada (TC). Os lipomas são ocorrências raras na região da cabeça e pescoço e são normalmente classificados em vários tipos com base em suas características histológicas.

A classificação histológica dos lipomas tem sido objeto de interesse da comunidade acadêmica, pois vários subtipos microscópicos foram identificados. Esses subtipos contribuem para o melhor entendimento das características e do comportamento dos lipomas.

Além do exame microscópico, a tomografia computadorizada (TC) é frequentemente utilizada na avaliação de lipomas. A tomografia computadorizada pode fornecer imagens detalhadas da área afetada, auxiliando no diagnóstico e avaliação do tamanho, localização e impacto potencial do lipoma nas estruturas circundantes.

Ao combinar o exame microscópico e a tomografia computadorizada, os profissionais de saúde podem reunir informações importantes sobre o lipoma em questão, permitindo um diagnóstico preciso e a formulação de um plano de tratamento adequado.

Palavras-Chave: lipoma; submandibular; face.

ABSTRACT

In the reported case, the presence of a lipoma in the submandibular and sublingual regions was examined using microscopy examination and computed tomography scans (CT). Lipomas are rare occurrences in the head and neck area, and they are typically classified into various types based on their histological features.

Histological classification of lipomas has been a subject of interest among the academic community, as multiple microscopic subtypes have been identified. These subtypes contribute to gaining a better understanding of the characteristics and behavior of lipomas.

In addition to microscopy examination, computed tomography scans (CT) are often used in the evaluation of lipomas. CT scans can provide detailed imagery of the affected area, aiding in the diagnosis and assessment of the lipoma's size, location, and potential impact on surrounding structures.

By combining both microscopy examination and CT scans, healthcare professionals can gather important information about the lipoma in question, allowing for accurate diagnosis and the formulation of an appropriate treatment plan.

Keywords: lipoma; submandibular; face.

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INTRODUÇÃO

Lipomas are the most mesenchymal tumours that develop in the body^{1,2,3}, although their occurrence in the head and neck is rare^{4,5}. Lipomas have been divided in several types based on histological features^{4,5,6}. Numerous microscopic subtypes of lipoma were described. Initially, these classifications interest to academic community⁷.

An unusual case that develops in the submandibular and sublingual regions has been reported. This case was investigated by microscopy examination and computed tomography scans (CT).

Case report

A 32 year-old white female patient was referred to Oral and Maxillofacial Surgery Unit at Brasilia Base Hospital. The patient presented a history of slowly progressive enlarging swelling on the right submandibular and sublingual regions (fig. 1A e B).

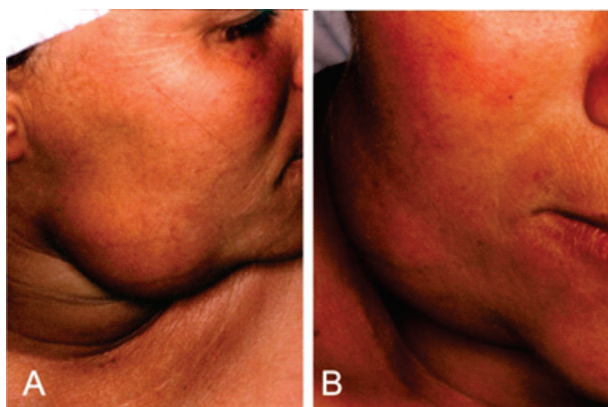


Figure 01. Clinical appearance. A-Lateral view B-Frontal view

A progressive painless tumour had grown since her childhood. Clinical examination revealed an external well defined soft mass relatively firm and fixed. The internal part of the tumor was extremely firm to palpation and mixed to the normal anatomical structures. Clinical examination showed low movement on right inferior lips, when compared contralateral side.

A conventional computed tomography was done and showed an unusual enlarging tumour on the face. The lesion presented like an expansive and delimited mass covered by a thin skin on the external part of the tumour. Its

internal part was infiltrating on submandibular and sublingual spaces (Fig.2).

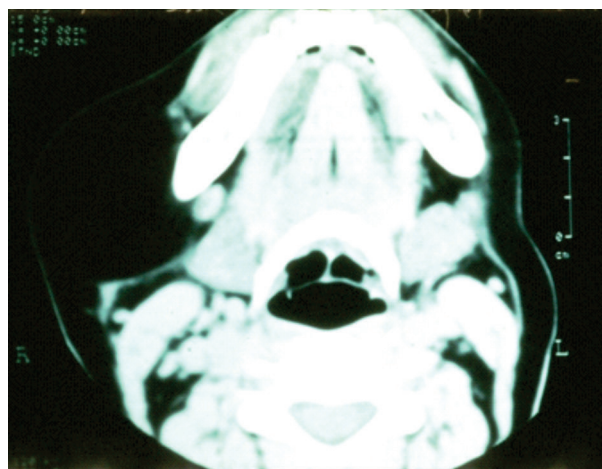


Figure 02. Axial CT scan. Expansive mass located at submandibular region extending toward under mandible

After CT scans, the surgical treatment was instituted and the patient was performed under general anesthesia to remove the tumour. A submandibular approach was carefully fulfilled to preserve the expansive mass. After the incision, the tumour was separated from the external thin skin and a fatty and yellowish mass appeared (Fig.3A).

The external part was easily removed, but the internal mass was infiltrated into deep tissues and firmly attached in the submandibular and sublingual regions. It was carefully removed to avoid any anatomical and structural damage. The specimen was referred to the Pathology Department at Brasilia Base Hospital to undergo a histopathologic examination. Forty-five days post-operative, the lips movement was normal and no difference was observed between the facial sides.

Histological features

Macroscopically, an ovoid fragment tissue was delimited, measuring 7,4 x 6,0 x 5,0 cm (Fig 3B), extending a yellowish appearance, smooth surface, limp consistency and revealed predominantly yellow fat, elastic consistency, partially coated by a transparent and thin capsule, showing inside a firmly trace of a mousy dense tissue.

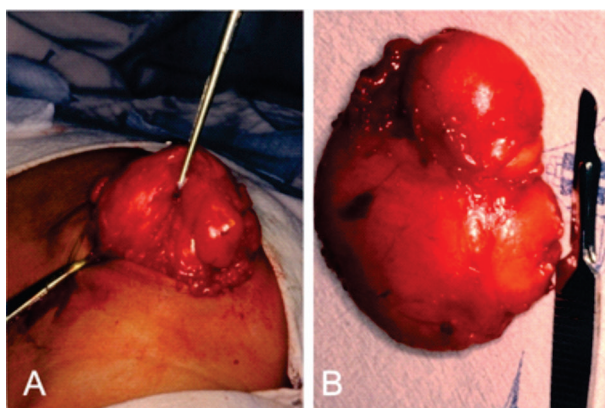


Figure 03. A. Tumour removal B. Macroscopic appearance of resected tumour that is elastic, soft and yellowish color

The microscopic showed a neoplasm tissue fragment constituted by a cluster of mature fat cells, infiltrated by septal vascularized connective fibrous tissue. Neither signs of cellular atypia (cellular pleomorphism, anisocytosis, anisocariosis, nuclear hyperchromatism, mitosis no matter typical or atypical) nor infiltrative growth pattern could be identified in this lesion. Small vessel presents an active hyperemia (Fig 4A e B).

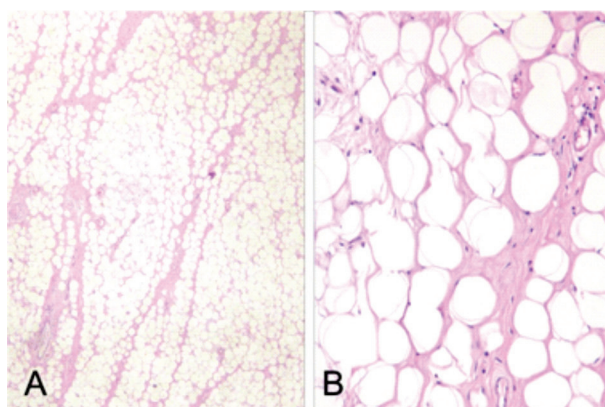


Figure 04. A. Photomicrographic of a simple lipoma (HE40X). B. The photomicrographic showed mature adipose fat cells and no signs of cellular atypia was seen (HE400X).

DISCUSSION

Lipomas are the most common mesenchymal neoplasm in the body^{1,2,3}. Although, lipomas are relatively rare in oral and maxillofacial regions^{4,5}. Normally, lipomas

grow in subcutaneous tissue, however, these neoplasm could develop in deep tissues or inside the organs. The lipoma's cells differ from fat normal cells in that, tumour cells are not available for normal metabolism^{7,8,9}. This article reports a giant unusual case that develops in submandibular and sublingual regions. For differential diagnosis, dental abscess, hemangioma, and liposarcoma were considered. Clinical examination reveals a swelling, painless mass in the exterior part of the tumour. It is extremely firm and attached in the interior part of the lesion. Usually, It inhibits to call the neoplasm the infiltrating tumour, therefore the deepest region was dissecting the sublingual and submandibular virtual spaces. The features of the tumour show an inner tissue that develops in the first stage and grows by expansion to minor resistance lines, reaching the subcutaneous tissue. A thin capsule surrounds a mass lead a distinguish a lipoma from a simple aggregation of fat cells¹⁰.

Sometimes, clinical features of oral and maxillofacial lipomas are enough to diagnose^{11,12}, however another diagnostic methods like magnetic resonance imaging (MRI), CT, ultrasonography (US), and histopathological evaluation are great tools in definitive diagnosis helping oral and maxillofacial surgeons to make the right decision^{11, 12, 13}. In this case, clinical evaluation was insufficient to identify the location, the anatomical relation between inner structures and the internal extension and infiltration of the tumour. Sometimes CT scans should be necessary to correct diagnosis and aggregate accuracy on surgical procedures. The internal part of this mass was difficult to evaluate, however, CT shows the exact relationship between the lipoma, submandibular, sublingual glands, and all surrounding tissues. The tumour was classified as classic lipoma by histopathological features.

Lipomas in oral and maxillofacial regions have been microscopically divided in a number of types and clinical characteristics, which may lead to a definitive diagnosis. However, a computed tomography was indispensable to show the relationship between the expansive mass and deep tissues. Surgical resection is the best treatment for oral and maxillofacial lipomas when vital structures are not involved. Complete excision is mandatory for several

reasons, especially for aesthetic and functional reasons. In this case, facial esthetic was greatly engaged and after additional image exams, the resection was the first option to treat this unusual lipoma. The prognosis of this pathology is favorable. In adults, relapse is rare after total surgical excision^{14, 15}.

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