A Benign Giant Lipoma of the Posterior Neck

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ABSTRACT

Lipomas are the most common subcutaneous soft-tissue tumors. They are usually solitary tumours, more common in women, most often located on the posterior neck and on the back, but there may also be multiple tumours all over the body and extremities which are usually smaller then. Rarely they can become malignant. The author is here presenting a case of a 61-year-old woman who had been admitted to our Department for an operative treatment of a giant lipoma located on the posterior neck and upper interscapular region. After the CT and MRI diagnostic tests the tumour was completely removed in endotracheal anaesthesia with uneventful postoperative course. A case of the rare giant lipoma is presented here with a review of the literature.

Key words: lipoma, benign, giant

INTRODUCTION

Lipomas are the most common subcutaneous soft-tissue tumors of mesenchymal origin. The estimated annual incidence is one per 1,000 persons. Lipomas are generally slow-growing nodules with a firm rubbery consistency. While about 80% of lipomas are less than 5 cm in diameter, some can reach more than 20 cm and weigh several kilograms. They are usually asymptomatic but can cause pain when they compress nerves. Lipomas tend to occur on the trunk, shoulders, posterior neck, and axillae. Solitary lesions are seen about 80% of the time, commonly in women, while multiple lesions are most common in young men (1).

We are presenting a case of a giant lipoma, diagnostic tests and the treatment.

CASE REPORT

A 61-year old women was admitted to our Department for operative treatment of a huge tumour mass of the posterior neck which had been growing for the last 25 years and more intensely for the last 5-6 years. The patient was completely asymptomatic except that she had had difficulties in hiding this and that she was afraid of further enlargement. She is a refugee from Srebrenica and in the previous years of the war she did not pay attention to the mass.

The huge tumour was situated on the posterior neck and in the upper part of the cervicothoracic region, in medial line and only slightly to the right. Painless on palpation, skin above the tumour was thinner than the normal skin but otherwise of normal appearance. The size of the tumour was as that of a human head, measuring 33x37 cm, firm and solitary, on the wide basis, and seemed to be unfixed to the base (Figure 1). Complete neurological examination showed normal results as well as the rest of the physical examination.

Laboratory tests were normal.

Because of the tumour localisation and a possibility of communication with spinal canal, we planned to carry out an MRI of the tumour region (Figure 2) which was not completed. During the scanning the patient became claustrophobic and it was aborted. After that we did the CT of the same region and both images showed typical fatty tissue in tumour and no sign of communication with the spinal canal. The mass was clearly limited to subcutaneous space with normal appearance of the muscular layer.

Although we were considering a possibility of doing a surgery in local anaesthesia after consultation with the patient we decided to do it in endotracheal anaes-
After the intubation the patient was positioned in a prone position. Then we made a longitudinal skin incision in medial line, approximately half of the size of the tumour and immediately under the skin there was a capsule of the tumour. The next step was a careful and slow preparation of the tumour, mostly bluntly with fingers and partly sharply until ligated and sectioned blood vessels on the base of tumour were shown. Separation of the tumour from the surrounding tissue was easy. After removal of the tumour in one peace, the skin was resected, adapted and the wound closed in layers without drainage. The tumour was like a big fatty ball, weighed 1.5 kg measuring 33x37 cm. (Figure 3). After the cutting it had a lobulated appearance (Figure 3). The patient was discharged from hospital on the 3rd postoperative day. The wound healed without any complications and the stitches were removed on the 9th postoperative day (Figure 1).

Giant lipomas as big as this one rarely occur in a physician’s practice (2). Usually patients look for medical attention earlier, fearing malignancy or because of the esthetic reasons. Sometimes tumours limit everyday activities or body positions. Being an elderly woman from the country side our patient was wearing scarf regularly so it was successfully hidden and was not easy to see although it was so big.

Those tumours are more common in women and occur usually in the fourth and fifth decades. In men inflammation is more often because of the hairy skin. Owing to the specific location of this tumour it was necessary to make proper diagnostic tests to confirm the assumed nature of the tumour and exclude possible communication with the spinal canal (3). Removal of those tumours is not difficult because of clear demarcation of surrounding tissues (4).

Rarely lipomas can become malignant or from the beginning they can be liposarcomas (5).

Although lipomas can reach huge dimensions, with serious preoperative preparations and a good operative technique they do not present a surgical problem in this location.

REFERENCES