

Case Report
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Rare Case Report of Vulvar Lipoma

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Introduction

Lipomas are widely disseminated benign mesenchymal neoplasms commonly found over the neck and upper back, shoulders, abdomen, buttocks, and proximal portions of the extremities [1,2]. Vulva localizations are rare, and very few cases have been reported [3,4]. and its diagnosis is confirmed by the histopathological description of a well-circumscribed collection of mature adipose tissue.

The etiology of lipoma is still to be elucidated, but it has been reported that trauma and gene rearrangement may play a role in its development an association with gene rearrangements of chromosome 12 has been established in cases of solitary lipomas, as has an abnormality in The HMGA2-LPP fusion gene [2,3]. We report the case of a vulvar lipoma that was diagnosed in a 29-year-old woman. Our case is the first case of vulvar lipoma as of our knowledge to be reported in Saudi Arabia [5, 6].

Case Presentation

We reported a case of 29 years old para two patient who was presented with painful left labial mass for 3 years, a physical examination revealed freely mobile left labial tender cystic mass.

A differential diagnosis of vulvar lipoma, smooth muscle neoplasm, inclusion cyst, Bartholin cyst and epidermal cyst had been made [7].

The Patient Underwent Surgical Excision

The mass was easily separated from the surrounding tissue, and was removed completely from its capsule. The histopathological examination revealed Single firm discoid shape mass measure 5x4x2 cm delicate capsule brown colour homogenous yellow cut section, outer surface is coated black by indian ink, partially submitted 4 cassettes diagnosis was fibrolipoma figure (1,2,3).



Figure 1

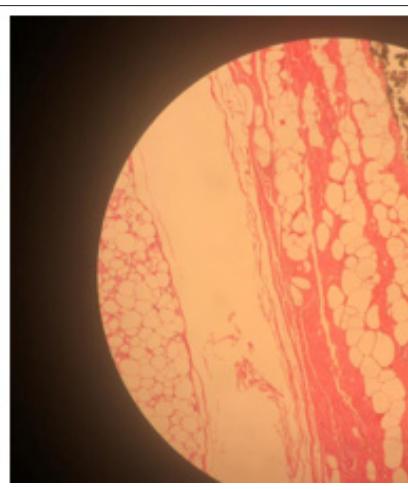


Figure 2

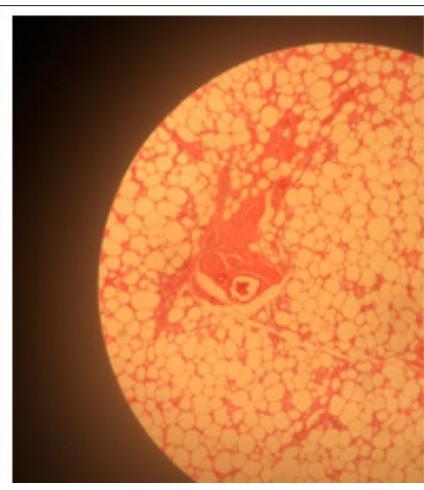


Figure 3

Discussion

Lipomas are the most common soft tissue tumours. These slow-growing, benign fatty Tumours form soft, lobulated masses enclosed by a thin, fibrous capsule. Common sites are Upper back, neck, abdomen [1]. Lipomas occur in 1% of the population but there are very few reports of conventional lipomas in vulva table 1 [1, 8-14].

Table 1: Cases of Vulvar Lipomas Reported in Literature

Author	Age of Patient (yr)	Duration	Site	Size (cms)
De Lima Filho, et al. [9]	35 years	10 years	Right labia majora	10
Fukamizu, et al. [10]	7 months	7 months	Right labia majora	3.5 5.5 3.5
Van Glabeke, et al. [11]	5 months	5 months	Preputium Clitoridis	Unknown
Kehagias, et al. [12]	52 years	Unknown	Right labia majora	17 13 7
Agarwal, et al. [13]	35 years	6 months	Left labia majora	4 4
Jung Hoon Le, et al.	17 years	12 months	Right labia majora	8.2 5.5 3.8
Pravin N Tungenwar, et al.	40 years	2 years	Right labia majora	4.5 3.5
Basel Khreiset, et al.	30 years	2 years	Right labia majora	15 x 6 cm
Sofia Jayi, et al.	27 year	1 year	Left labia majora	6 cm
Hasija shweta, et al.	58 year	10 year	Left labia majora	98
Naven kumar dekonda, et al.	32 year	3 year	Right labia majora	6.4 3.2
Naven kumar dekonda, et al.	28 year	1 1/2	Left labia majora	5 3
Naven kumar dekonda, et al.	55 year	2 year	Left labia majora	9 6
Current Case	29 years	3 years	Left labia majora	5 x 4 x 2

Lipomas can be managed conservatively, especially if they are small in size and asymptomatic. Surgical excision, liposuction, laser, ultrasound and injection of pharmaceutical agents are management options for the treatment of lipomas.

If they grow large, they may cause discomfort and disfigurement, and may result in psychological and social problems. Complete surgical excision with the capsule is advocated to prevent local recurrence in case of lipoma, while wide local excision will be required for liposarcoma.

Surgery also allows for excluding any malignant tumoral evolution via a histological study [1, 2]. Typically, a histological study shows a thin peripheral capsule surrounding a lobular proliferation of adipocytes [3]. Recurrence is possible; short-term recurrence should draw the attention of clinicians to possible malignant tumor evolution.

Conclusion

Vulvar lipoma is extremely rare. Very few cases have been reported in literature. Treatment is adequate surgical excision. Confirmation by histopathology is mandatory to exclude malignancy. To our knowledge, this is the first case of a conventional vulvar lipoma reported in Saudi Arabia.

Conflict of Interests

The authors have none to declare.

Acknowledgement

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