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Case Report

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Cervical Lipoblastoma in a Child: An Extremely Rare Localisation

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ABSTRACT

Lipoblastoma is a benign neoplasm, which occurs usually in infants and children less than 3 years. It is usually seen on the trunk and on the limbs and rarely in the head and neck. In our case, a child of age 9 months presented with a cervical lower left mass. The mass extends from the upper edge of the clavicle to the left side of the hyoid bone.

Magnetic resonance imaging (MRI) showed a well-encapsulated mass, hypointense on the T1 sequence.Histologically, the analysis identified fat lobules with collections of lipoblasts and areas of myxoid degeneration. The mass was resected without notable complications.

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Introduction

Lipoblastoma is a benign neoplasm of fetal white fat tissue, which occurs usually in infants and children less than 3 years. Less than 100 cases of lipoblastoma have been reported in literature till now, with involvement of head and neck being reported in very few cases [1]. We are reporting a case of cervical lipoblastoma in a child.

Case Report

A 9 month old female child was brought by his parents with complaints of a big swelling of the neck. They had noticed a small swelling at birth, but during the last 6 months there was a rapid increase in size. It was not associated with pain or fever. The child had a restriction of neck movement. There was no personal history or similar cases in the family.

The mass extends from the upper edge of the clavicle to the left side of the hyoid bone without any inflammatory skin signs. On palpation, the mass was non-fluctuating, firm, non-reducible and mobile. The mass was 45 × 32 × 14 mm. Movements of the neck were limited.

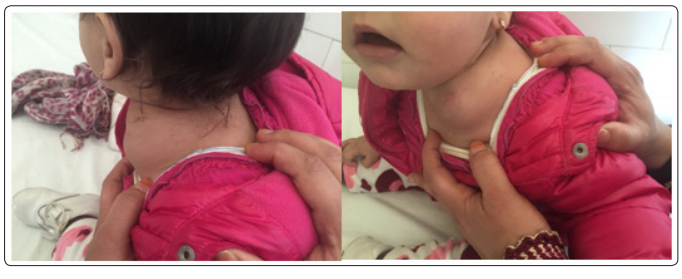

Figure 1: Picture of the cervical mass

Magnetic resonance imaging (MRI) showed a well-encapsulated mass, hypointense on the T1 sequence. On the fat suppression sequence, the corresponding mass demonstrated a weak homogeneous signal intensity.

Histologically, the analysis identified fat lobules with collections of lipoblasts and areas of myxoid degeneration. The mass was resected without notable complications. The follow up is over 1 year, and has not showed any complications or recurrence.

Discussion

Jaffe coined the term "lipoblastoma" in 1926 to describe an atypical lipomatous lesion that consisted of cells resembling embryonic white fat [2]. It usually occurs in children under 3 years of age with a predilection for the extremities and can rarely occur in other places such as the head and neck, as seen in our patient. Men are 3 times more frequently than women [3, 4].

Patients with lipoblastoma may present with various symptoms depending upon its site [5]. The imaging modality of choice to aid in diagnosis is a T1-weighted MRI showing hyperintense signals [6]. Rasmussen et al., mentioned a case of cervical lipoblastoma causing intermittent airway obstruction [7]. The differential diagnosis for lipoblastoma includes cystic hygroma and adipose-derived tumors [8]. The management of lipoblastomas requires complete excision of the tumor while preserving the vital organs in the process. Although there is a high recurrence rate with incomplete resections, it depends on the extent of the resection [9].

Conclusion

Although lipoblastoma is a rare, benign tumor, it should be considered in the diagnosis of a neck mass with stridor in pediatric patients.

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Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to
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