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Case Report

Rare Case of Fibrolipoma of Buccal Mucosa

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Abstract

Fibrolipoma, a benign soft tissue neoplasm, is a histological variant of conventional lipomas, that rarely arises in the oral cavity.

Here, we present such a rare case of fibrolipoma of buccal mucosa which was diagnosed and treated adequately with regular follow up.

Keywords: Fibrolipoma; Lipomas; Etiology

Introduction

Lipomas are common benign soft tissue neoplasm derived from mature adipose tissue though the etiology is uncertain. This can be attributed to the mechanical, endocrine and inflammatory influence leading to the differentiation of multi potent mesenchymal cells in fat tissue, cartilage and bone. This may also be modified by various systemic and local influences such as local trauma or prolonged ischemia.

These are rarely seen in the oral cavity and may present as a sessile or pedunculated out growth. Such growths are usually encapsulated and may present as infiltrating growth if the capsule is absent.

The histological variants of classic lipoma are fibrolipoma, spindle cell lipoma, sialipoma, osteolipoma and chondrolipoma. Fibrolipoma is an extremely rare subtype of lipoma which accounts for 1.6 % of all facial lipoma [1]. It has an incidence rate of 1-4 % and prevalence rate of 0.0002%.

We present a rare case of fibrolipoma of buccal mucosa.

Case Presentation

A 49 years old female visited our ENT OPD with complaints of painful swelling in the right buccal mucosa. The swelling was first noticed 2 years back as a painless small out growth which subsequently exhibited gradual continuous enlargement. The patient had bitten the swollen region of her buccal mucosa several times which caused the pain and bleeding.

Patient had a past history of right lower molar tooth extraction 5 years back. She has been a known hypertensive since 3 years and diabetic since 2 years, both for which she has been, on treatment.

An intraoral examination revealed a pinkish, pedunculated polypoidal mass in right buccal mucosa, 2 mm above gingivobuccal sulcus, corresponding to right lower molar tooth [Figure 1]. On palpitation, the swelling was soft to firm in consistency, non-tender and did not bleed on touch. The surface appeared smooth with regular borders and no induration of surrounding mucosa.

The lesion was excised under local anesthesia with a 0.2 mm margin of normal surrounding tissue. The excised specimen measured 2.3*1.7*0.9 cms [Figure 2]. It was sent for histopathological examination.

Figure 1: Preoperative view.

Figure 2: Postoperative view.

Grossly, on the cut surface, the central area was yellowish with white periphery. Histopathological examination showed polypoidal lesion covered by non-keratinized stratified squamous epithelium and the stroma of polyp showed fibro collagenous tissue admixed with adipose tissue. Also seen were many ectatic blood vessels and inflammatory cell infiltrates closer to epithelium suggestive of fibrolipoma [Figure 3].

Figure 3: Histopathological view.

Patient has been on regular follow up till date and has shown no recurrence.

Discussion

Lipoma accounts for only 4-5 % of all benign tumours in the body. Oral lipomas are relatively rare entities, constituting 2.2% of all lipomas and 1-4% of all benign tumours of oral cavity [1]. It is mostly seen in adults aged 40-60 years with a slight male preponderance against females at a ratio of 1:13 [2].

The metabolism of fat cells in a lipoma is different from normal fat cells. During starvation there will be loss of fat from normal fat deposits in the body but not from a lipoma. Furthermore, fatty acid precursors are incorporated rapidly into lipoma fat than into normal fat [3].

Histologically, lipoma can be classified into conventional lipoma, fibrolipoma, angiolipoma, pleomorphic or spindle cell myxolipoma, chondrolipoma, osteolipoma, myolipoma, lipoblastoma and hibernomas [4]. Compared to conventional lipoma, other histological variants are very rare. Long standing cases may turn into liposarcomas, which is also very rarely seen.

The exact etiopathogenesis of fibrolipoma remains unknown but could be congenital or caused by an endocrine imbalance or due to degeneration of fibromatous tumour or due to maturation of lipoblastomatosis [5].

Common extra oral sites of fibrolipoma include esophagus, pharynx, colon, trachea and larynx. In the oral cavity, a fibrolipoma can occur in various sites, most commonly buccal mucosa, less commonly on the lips, tongue, palate, buccal vestibule, floor of the mouth and least commonly, the retro molar region [3].

Clinically, these present as small, well defined, soft or firm compressible, painless mass with or without fluctuant nodules. These are usually non tender, pedunculated or sessile out growth with capsule capable of causing some functional and cosmetic concerns.

Microscopically, fibrolipoma is composed of lobules of chicken wire appearing benign adipocytes with components comprising of broad bands of dense collagen. It is mostly well circumscribed and may be thinly encapsulated like the classic lipoma [5].

Differential diagnosis of oral fibrolipoma includes benign mesenchymal tumours such as fibromas, simple lipomas and minor salivary gland tumours like benign pleomorphic adenoma or malignant growths [6].

Treatment modality for intraoral lipoma is complete surgical excision. No recurrence has been reported of intraoral lipomas or its variants, when completely excised. The medical management of lipoma includes steroid injection that result in local fat atrophy, thus shrinking its size. This is mostly done in lipomas less than 1 mm in diameter.

Conclusion

We have hereby reported our encounter with this rare case of fibrolipoma of buccal mucosa, which could be identified and diagnosed adequately and hence, could be treated successfully. Our patient has been on regular follow up and has shown no recurrence.

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