Rare disease

Lipoma of the pinnal helix: a very unusual location for a very common tumour

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Lipomas are common benign tumours but can present in unusual locations. The authors present the rare case of a pedunculated lipoma of the pinnal helix. The lipoma was excised with good cosmetic result. Lipoma of the cartilaginous pinnal helix is rare and has not been described previously in the literature.

BACKGROUND

The lipoma is the single most common benign tumour and is composed of adipose tissue. It usually occurs either singly or multiply on the trunk, but may also occur on the neck or any other part of the body.¹ However, it has not ever been described on the auricular helix.

CASE PRESENTATION

An 82-year-old hypertensive, hypothyroid Caucasian woman presented with a long history of slowly enlarging mass of the left ear. There was no history of trauma, infection, sun exposure, pain or bleeding. Over the past 2 years, gradual discomfort and dragging pain became troublesome for the patient, leading to her referral.

On examination, a pedunculated mass was clearly visible arising from the edge of upper part of left helix. It was single, globular in shape, pedunculated and measured 3×3×2 cm (figure 1). It had a soft consistency, non-tender and the overlying skin was intact.

A decision was made to excise the mass. No preoperative investigations were performed as clinically the mass

fitted with a diagnosis of a lipoma and it was considered amenable to simple excision under local anaesthetic.

INVESTIGATIONS**Histopathology report***Macroscopic description*

A 28×25×20 mm skin covered pedunculated polyp with a 3 mm long stalk. Slicing reveals homogenous light yellow cut surfaces.

Microscopy

Sections reveal features of an unencapsulated subcutaneous lipoma comprising lobules of mature adipocytes separated by delicate fibrovascular septa. No lipoblasts are seen and the overlying skin is normal.

Excision appears to be just complete (figure 2).

TREATMENT

The tumour was excised under local anaesthesia without any complications and the wound primarily closed. Excision of the mass was complete.

Figure 1 Pedunculated lipoma of the left pinnal helix.

Figure 2 Histology of lipoma, H&E stain, x40 magnification.

OUTCOME AND FOLLOW-UP

Subsequent follow-up revealed a good cosmetic result and no sign of recurrence.

DISCUSSION

Approximately 15% of all lipomas occur in the head and neck with the posterior neck being the most common site. Other sites include the parotid, buccal mucosa, hypopharynx, retropharynx and larynx. They rarely involve the face, scalp, orbit, nasal cavity, paranasal sinuses, nasopharynx, cranium or ear.² In the latter, they have been reported as occurring within the internal auditory meatus where they are known to produce symptoms similar to those associated with acoustic neuromas, such as hearing loss and vertigo.³

Lipomas rarely originate from the external ear and only a few cases have been reported from the ear lobule, one presenting as double ear lobe.⁴ The helix of the pinna is itself invested in a layer of adipose and a lipoma arising from it is thus possible, as in our case, but its very thinness makes this occurrence very unlikely.

The preoperative investigations considered necessary for a lipoma vary depending on its site. With respect to the ear, lipomas arising from the external auditory canal can be misleading and often imaging in the form of a CT scan of the temporal bones is needed to confirm diagnosis, especially if rare lipoma variants, such as angiofibrolipomas.⁵ In our case, the pinna arose from the subcutaneous tissues and diagnosis was straightforward despite its unusual location. Thus, no investigations were deemed necessary prior to excision. However, if there is doubt, a fine needle aspirate can be performed with or without ultrasound guidance and the sample sent for cytology with reliable results.⁶

Other benign tumours from the pinna are more common and include papilloma, fibroma and chondromata. Haemangiomas are often seen in association with involvement of the adjacent face and parotid gland.⁷

Learning points

- ▶ Lipoma of the pinna helix is rare but possible due to the presence of a thin adipose tissue layer.
- ▶ It should be considered in the differential diagnosis of benign tumours of auricle.
- ▶ Cure can be achieved with simple excision, resulting in a good cosmetic result.

Competing interests None.

Patient consent Obtained.

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