Giant Axillary Lipoma Following Excision

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Received: 15 August 2010 / Accepted: 4 June 2012 / Published online: 16 June 2012
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Abstract Lipomas are benign tumors and are most common mesenchymal soft tissue tumors, composed of mature lipocytes. Frequent site are trunk and extremities. Axilla is an uncommon site of lipoma while giant axillary lipomas are rare. We report a case of recurrence of small axillary lipoma into giant axillary lipoma following excision.

Keywords Axillary lipoma · Giant · Excision

Introduction

Lipomas are the most common mesenchymal soft tissue tumors, benign in nature, most common site being trunk and extremities. Most of the lipomas are small and

discrete swelling. They are usually asymptomatic with estimated incidence of 10 % [1].

Most of them have a diameter of about 2 cm and rarely grow beyond 10 cm [2] in their cutaneous localization. Axilla is the unusual site for lipoma.

Case Report

A 70-year-old man presented with a right axillary mass that had been enlarging for 5 years with no symptoms except worry about enlarging size of mass.

Physical examination revealed a right axillary soft mass filling the axilla (Fig. 1), nontender, no skin changes with normal neurological and vascular examination of right upper limb. On abduction of the arm, the swelling was hanging from axilla (Fig. 2). Macroscopic view of the resected specimen could be seen (Fig. 3).

Patient had history of right axillary swelling of small size for which surgical excision was done 6 years ago. Histopathology showed the lesion composed of mature adipose tissue.

Discussion

Lipomas are most common mesenchymal tumors that can occur in all parts of the body with an incidence of 10 % [1, 3]. Lipomas are benign tumors that are composed of mature lipocytes. Frequent sites of occurrence are trunk and extremities [4]. Lipomas have been described in internal organs such as liver, lung, kidney, and uterus where little or no adipose tissue is present [5]. Most lipomas weigh only a few grams. Most lipomas are solitary and remain asymptomatic. However,

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Fig. 1 Clinical view of the giant axillary lipoma

large internal lipomas can cause pain and problems due to pressure on other organs and may undergo sarcomatous changes [2]. Although the sarcomatous transformation of the giant lipoma has been reported, it is extremely uncommon in the cutaneous lipoma [2]. Cutaneous lipomas are mainly cosmetic problem.

Giant axillary lipomas have rarely been reported in the literature. De Andrade presented 31 cases of axillary masses, and only one case of axillary lipoma was reported [6].

It has been proposed that trauma may result in proliferation of adipose tissue, due to rupture of the fibrous septa, accompanied by tears of the anchorage between the skin and the deep fascia [7]. Since axillary region is one of the most movables of the body, it can be exposed to microtraumas with each movement of the

Fig. 2 Swelling hanging from axilla

Fig. 3 Macroscopic view of the resected specimen

upper limb [8]. In our case it is surgical trauma that has most probably led to recurrence of axillary lipomas into giant axillary lipomas. Fine-needle aspiration cytology, together with ultrasonography, can aid in establishing a preoperative diagnosis.

Histopathological examination in our case revealed that the lesion composed of mature adipose tissue.

The treatment for giant lipoma is complete excision and is the preferred method to avoid complications of vessel or nerve damage. Liposuction has also been reported [9].

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