PLEOMORPHIC LIPOMA

(A Case Report)

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ABSTRACT

A case of a pleomorphic lipoma in a 61 year old male is reported. This tumour is very rare and is usually seen in the head and neck region in the elderly. It is more often than not labelled malignant. The case is reported on account of its rarity and to highlight the unusual features which make it liable to be confused as a malignant tumour.

MJAFI 1993; 50 : 65-66

KEY WORDS : Pleomorphic lipoma.

Introduction

Tumours which show atypical multivacuolated lipoblasts on histopathological sections are often diagnosed as liposarcoma. In the recent past, fatty tumours have been recognised having such cellular atypia but a benign course [1,2]. It is of paramount importance to recognise these unusual tumours so that radical surgical procedures are avoided.

CASE REPORT

A 61 years old male presented with the complaint of an almond size swelling over the right mastoid region of seven years duration. The swelling was non tender, sub-

cutaneous and freely mobile. No lymphadenopathy was present. Systemic examination and investigation revealed no abnormality. The swelling was excised and sent for histopathology.

Gross examination revealed an encapsulated, lobulated yellow mass 2 x 2 x 1.5 cm. Cut surface was greasy. Histopathology showed a partially encapsulated tumour that prominently showed cellular pleomorphism. Many multivacuolated lipoblasts with atypical nuclei were seen. Scattered amongst these were "floret-like" giant cells which had multiple nuclei arranged in a wreath like manner at the periphery (Fig 1 and 2). These nuclei showed anisokaryosis and hyperchromasia. Interspersed in between these cells were islands of mature adipocytes. The stroma consisted of fibrovascular tissue with scattered inflammatory cells. No mitotic activity was observed.

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Fig. 1 Low power view showing prominent cellular pleomorphism and giant cells.

Fig. 2 A "floret-like" giant cell.

Discussion

Pleomorphic lipomas are uncommon tumours. They usually present in the elderly as a solitary mobile subcutaneous mass of a few years duration. Shmookler and Enzinger in a large study had 48 cases of such tumours referred to them with a definitive or presumptive diagnosis of liposarcoma. These cases were reviewed and reclassified as pleomorphic lipoma [1]. The patients had a mean age of 57 years with a marked male preponderance (83%). The average preoperative duration was 4 years. Breakdown of location was as under :- neck - 50%, shoulder - 14.6%, back - 12.5%, upper limbs - 8.3%, lower limbs - 6.3%, head - 6.3%, chest wall - 2%. Patients had undergone partial or total removal of the tumour with no recurrence. On gross examination, these tumours were oval to spherical with a mean diameter of 4.6 cm (ranging from 0.8 to 12.0 cm). They were partially or completely encapsulated and were yellow in colour. The surface was lobulated. Histopathological examination of these tumours presented a wide morphological spectrum with lipocytes, spindle cells and

scattered bizarre giant cells. The latter having a "floret like" arrangement of the nuclei. Mitosis was not a feature. The interstitium showed bundles of collagen and scattered inflammatory cells [1,2].

The diagnosis of this entity is made with a typical clinical setting. A circumscribed lesion, usually in the head or neck region of a male in the fifth decade coupled with the classical histopathological features.

It is apparent, that subcutaneous lesions have a good prognosis. Deep seated tumours especially in the retro-peritoneal region with a similar cellular morphology, however, should be considered as liposarcoma.

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