

CASE REPORT

Giant Lipoma of the Breast: A Case Report

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ABSTRACT

Lipomas are tumors which grow into primary mesenchymal tumors. They develop in areas of abundant adipose tissue. Lipomas represent 4 to 5% of all benign tumors in the body. If a Lipoma exceeds at least 10 cm in one dimension or weighs a minimum of 1000 grams, it is considered to be a giant lipoma. We report a case of a 55-year-old female. She was operated for left lipoma breast weighing 12.5 kg. This is probably the largest lipoma of breast reported in the literature. Postoperative recovery of the patient was uneventful. The case prompted this report because of its challenging size, location, diagnosis, and reconstructive solution.

Keywords: Giant breast lipoma, Mammography, Reconstruction of the breast, Ultrasonography

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INTRODUCTION

Lipoma is the most common benign tumor of mesenchymal origin. This incidence accounts for approximately 16% of all mesenchymal tumors.^{1,2} It usually develops as well-circumscribed as an encapsulated mass with a doughy feel that is freely mobile underneath the skin. Lipoma can arise in any part of the body. However, the lipoma occurring in the breast tissue are rarely reported. Due to the fatty composition of the breast, there are always difficulties in diagnosis, treatment, and reconstruction.³⁻⁵ The higher incidence of breast lipoma ranges from the age of about 40 to 60 years. If the mass ranges at least 10 cm in one dimension and weighs more than 1000 grams it is considered to be a giant lipoma.⁶ We report a case of a 55-year-old patient who had developed enlargement of the left breast, which had increased over a period of 20 years measuring 28 × 24 inches.

CASE REPORT

A 55-year-old woman came to our plastic surgery outpatient department (OPD). She had a complaint of enlargement of the left breast from the last 20 years. There was a history of gradual enlargement of the left breast. The patient visited many surgeons, but she was not operated due to the risks involved in surgery and because of fear of carcinoma. We examined the patient in our plastic surgery OPD. There was a diffused enlargement of left breast measuring 28 × 24 inches (Fig. 1). It was soft in consistency with a well-defined round lump of 3 × 2 centimeters palpable in the periareolar region, and it was hard in consistency. There were no dilated veins, and the skin was normal. Sono mammography also revealed diffused fibro-fatty tissues. There was a focal area of calcification in the mass palpable in the periareolar region. The patient was taken for Surgery. Surgery was performed under general anesthesia. The swelling was completely removed through the supramammary incision. Reconstructive breast surgery was also done by mobilizing local flaps for cosmetic reasons (Fig. 2). The size of swelling was 18 × 15 inches, and it weighed 12.5 kg as shown in Figure 3. The specimen was sent for histopathological examination. The pathological diagnosis revealed mature adipocytes, and there was no evidence of malignancy or lipoblasts (Figs 4 and 5). This is consistent with a diagnosis of lipoma. There were areas of fibrocystic changes. The postoperative period was uneventful. The patient was discharged on 14th postoperative day. The patient was highly satisfied.

Written consent was obtained from the patient to use her data and images for publication only.

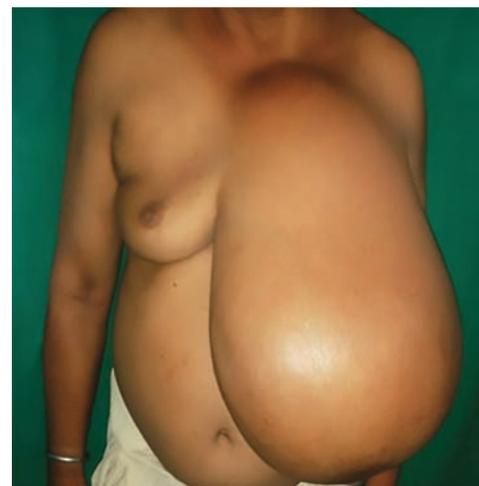


Fig 1: Patient with giant lipoma breast

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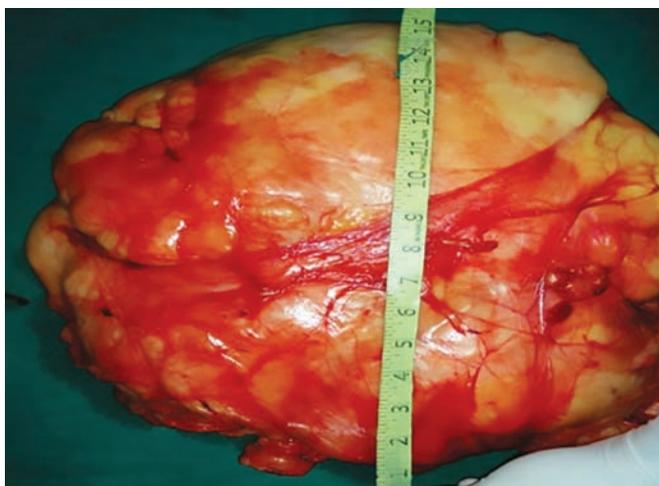


Fig 2: Lipoma after excision

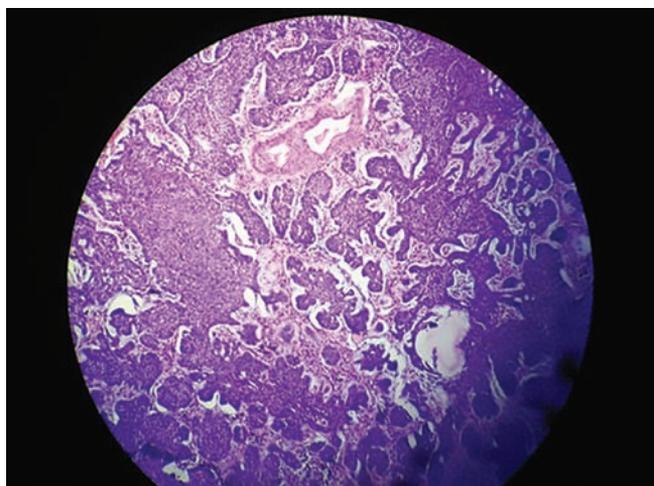


Fig 5: Histopathology showing lipomatous lesion



Fig 3: Breast after excision and reconstruction.



Fig 4: Pathological specimen of giant lipoma breast

DISCUSSION

Circumscribed fat containing breast masses are invariably benign and generally diagnosed by radiological investigations. There is generally no requirement of biopsy.^{7,8} They include fibro-adenolipomas, lipomas, galactoceles, and cysts. We report a case of 55-year-old

female with giant lipoma weighing 12.5 kgs. Sonomammography was nonspecific. Lipomas are among the most common mesenchymal tumors and usually benign and well circumscribed. These fatty masses are covered by a thin capsule appearing in almost every region of the body, with a prevalence of 2.1 per 1000 people.⁹ They can be subclassified according to their etiology, histological characteristics, localization and dimensions in the patient. The lipoma almost completely replaced the left breast. The physical findings and paraclinical studies fail which results in a misleading diagnosis. To our knowledge, this case is one of the largest breast lipomas reported in the literature. Yong Feng Li et al. in 2011 reported a case of giant lipoma weighing 4 kg, measuring 28 × 8 cm.¹⁰ Hanna et al. in 2003 reported six cases of giant lipoma measuring 18 × 8 cm to 10 × 8 cm.⁷ Total excision of a tumor is the definitive treatment for lipoma, but neoplasms of this size and location that result in asymmetry make reconstruction a great challenge for surgeons. To achieve a good symmetrical result, the size and shape of the contralateral breast should be considered in choosing a surgical strategy for an adequate reconstruction of the breast. Post-surgery results were good in our case with good patient satisfaction. Usually, reconstructive surgery with parenchymal cross flaps achieves excellent results with a high degree of patient satisfaction.¹¹

In conclusion lipomas of the breast are benign tumors. These have a minimal risk of malignant transformation associated with an excellent prognosis after successful excision. Lipomas are benign tumors, and they can represent a great reconstructive challenge. Preoperative evaluation requires a careful diagnostic workup.

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