

CASE REPORT

Lipoma in Thenar Region

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ABSTRACT

Lipomas can be found anywhere in the body, with the majority being located in the head and neck region, as well as the back and abdomen. Lipomas are one of the most common benign, mesenchymal neoplasms. They may progress in size overtime and they may or may not be painful. They may be superficial or deep. Deep soft-tissue lipomas of the hand are rare. Among them, thenar intramuscular lipomas are very rare. We are reporting case of thenar intramuscular lipoma.

Keywords: Lipoma, Thenar, Intramuscular lipoma.

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CASE REPORT

A 45-year-old male laborer presented to our clinic with a complaint of right hand mass. He first noticed the mass 8 months prior to his clinical evaluation and it had progressed in size overtime. The patient reported mild discomfort in the area, especially when he would try to grip tools. Other than discomfort during grip, the patient stated that he had full hand function. On physical examination, a mass was noted over the thenar eminence. This area was nontender and a soft, mobile mass was easily appreciated with palpation of the palm. The surrounding skin was normal. There was no neurovascular compromise in the thumb or other digits, and grip strength was normal. An ultrasound of the hand showed a relatively well-defined hyperechoic mass approximately 2 cm³.

Excision of the lesion was performed under regional anesthesia. Intraoperatively, the thenar muscles were noted to be bulging above the mass (Fig. 1). They were separated, and the mass was excised completely. The mass measured 2 cm³ (Figs 2A and B). Histology was consistent with a spindle cell lipoma, with no evidence of atypia.



Fig. 1: Intraoperative picture of patient after removal of lipoma showing it is in the deep intramuscular region of thenar region



Figs 2A and B: Gross inspection reveals a soft, yellow, well-defined mass of homogenous consistency, consistent with the diagnosis of a spindle cell lipoma

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The surgical wound healed without complication and the patient returned to a full level of function.

DISCUSSION

A lipoma is a benign tumor composed of adipose tissue. It is the most common benign soft-tissue tumor.¹ Lipomas are commonly found in adults from 40 to 60 years of age, but can also be found in younger adults and children. According to 2002 World Health Organization's Committee for the classification of soft-tissue tumors,² they are categorized into nine entities, including lipoma, lipomatosis, lipomatosis of nerve, lipoblastoma, angiolipoma, myolipoma of soft tissue, chondroid lipoma, spindle cell/pleomorphic lipoma and hibernoma. Benign lipomatous lesions affecting bone include intraosseous lipoma, parosteal lipoma and liposclerosing myxofibrous tumor. Benign lipomatous lesions may also affect joints and tendon sheaths, either focally, as in this patient, or diffusely.³⁻⁵

Thenar intramuscular lipoma is a rare lesion that has been described in a handful of case reports.^{3,6,7} These lesions originate inside the muscles and usually present with a slowly growing painless mass which may or may not restrict range of motion. The overlying skin is normal and not adherent to the mass. Magnetic resonance imaging (MRI) or ultrasound can be used to confirm the diagnosis.^{4,5} Surgical excision is the treatment of choice for thenar intramuscular lipoma.^{5,8,9} In most reported cases, surgical excision of the lipoma resulted in full functional recovery. Due to its rarity, the recurrence rate is unclear.

CONCLUSION

Thenar intramuscular lipoma is a rare benign tumor in the hand. It can be diagnosed through clinical examination and imaging and is usually amenable to marginal excision.

REFERENCES

1. Bancroft LW, Kransdorf MJ, Peterson JJ, O'Connor MI. Benign fatty tumors: classification, clinical course, imaging appearance, and treatment. *Skeletal Radiol* 2006 Oct; 35(10):719-733.
2. Fletcher CDM. World Health Organization, International Agency for Research on Cancer. WHO classification of tumours of soft tissue and bone. 4th ed. Lyon: IARC Press; 2013.
3. Lee YH, Jung JM, Baek GH, Chung MS. Intramuscular lipoma in thenar or hypothenar muscles. *Hand surgery. Int J Devoted to Hand and Upper Limb Surg Related Res* 2004 Jul;9(1):49-54.
4. Zamora MA, Zamora CA, Samayoa EA, Morales HA, Ceballos JF. High-resolution ultrasonography in an aggressive thenar intramuscular lipoma. *J Ultrasound Med* 2005 Aug;24(8): 1151-1155.
5. Grivas TB, Psarakis SA, Kaspiris A, Liapi G. Giant lipoma of the thenar—case study and contemporary approach to its aetiopathogenicity. *Hand* 2009 Jun;4(2):173-176.
6. Iyengar KP, Matar HE, Loh WY. Giant hand lipoma invaginating the thenar muscles. *BMJ Case Rep* 2014.
7. Schoffl H, Hager D, Dunst KM, Huemer GM. Giant lipoma of the thenar. *Wien Klin Wochenschr* 2007;119(5-6):149.
8. Pagonis T, Givissis P, Christodoulou A. Complications arising from a misdiagnosed giant lipoma of the hand and palm: a case report. *J Med Case Rep* 2011;5:552.
9. Yadav SP, Jategaonkar PA, Haldar PJ. Giant hand lipoma revisited: report of a thenar lipoma and its literature review. *J Hand Microsurg* 2013 Dec;5(2):84-85.