**INTRODUCTION**

Lipoma is a benign tumor of fat cells and represents by far the most common mesenchymal neoplasm occurring mostly on the trunk and proximal portions of the extremities. Although lipomas are the most common benign tumors of head and neck, it is relatively rare in the oral cavity. Oral lipomas were first described by Roux in 1848, who referred to them as “yellow epulis” and comprises of about 1 to 2% of all benign tumors of the oral cavity. Buccal mucosa is the most favored site followed by the tongue, floor of mouth, buccal vestibule, lip, palate, gingiva and retromolar area. This paper reports a case of lipoma occurring in the hard palate, which is an unusual site.

**CASE REPORT**

A 72-year-old woman reported with a painless swelling in the hard palate since three years that was gradually increasing in size. She had an associated speech problem. Her medical, dental, family and personal history were noncontributory and the review of her systems was normal.

Intraoral examination revealed a single dome shaped pedunculated swelling of about 2 × 3 cm in size in the hard palate almost in the mid palatal region (Fig. 1). The stalk was seen attached to the mucoperiostium in relation to maxillary left premolars. The swelling had a smooth surface with normal overlying mucosa and was not tender on palpation. The consistency varied from soft to firm and the swelling was movable. No pulsations were felt.

Considering all these features, a provisional diagnosis of a benign minor salivary gland neoplasm was made fibroma, lipoma and neurofibroma were considered in the differential diagnosis.

Intraoral occlusal radiograph did not show underlying bony involvement. The tumor along with the peduncle was excised and subjected to histopathological examination. Section stained with hematoxylin and eosin showed a thinly encapsulated mass consisting of lobules of adipocytes. The lobules were interpersed with dense fibrous connective septa giving a definitive diagnosis of fibrolipoma (Fig. 2).

**DISCUSSION**

Lipoma is a benign, slow growing tumor composed of mature adipose cells. Though lipoma contributes to 15 to 20% of all benign tumors of the oral cavity, it is relatively rare in the oral cavity. Oral lipomas were first described by Roux in 1848, who referred to them as “yellow epulis” and comprises of about 1 to 2% of all benign tumors of the oral cavity. Buccal mucosa is the most favored site followed by the tongue, floor of mouth, buccal vestibule, lip, palate, gingiva and retromolar area. This paper reports a case of lipoma occurring in the hard palate, which is an unusual site.
tumors of head and neck, the review of literature shows that intraoral lipomas are relatively rare and accounts for 2.24% of the benign tumors of oral cavity.

Among the reported intraoral lipomas, 50% occur in the buccal mucosal region. Other sites of common occurrence are floor of mouth, buccal vestibule and lip. Palate, gingiva and retromolar area the least favored site. Our patient had lipoma in hard palate, which is an unusual site of occurrence as reported in the literature.

Hatziotis et al (1971) had reviewed the literature from 1945 to 1967 and had found 145 cases of intraoral lipomas of which only six cases occurred in the hard palate. ER Fregnani and his associates (2001) reviewed 46 cases of lipomas and found none occurring in palate. Review of a few large reported series of intraoral lipoma and its variants seen in the literature did not show any case of oral lipoma occurring in hard palate.

Most oral lipomas arise within the superficial connective tissue and exhibit the characteristic yellow color of adipose tissue, which is visible through the thin overlying epithelium. But our case had a normal overlying mucosa. Its consistency varies from soft to firm depending on the quantity of fibrous tissue in it. In some cases, it may be soft that pseudofluctuancy can be elicited. In our case since the tumor had dense fibrous connective tissue, it was generally firm with some areas being soft. The unusual site, absence of yellow color and a firmer consistency of the swelling led us to a wrong clinical diagnosis, which was in favor of a benign minor salivary gland neoplasm.

This case of oral lipoma involving the hard palate is reported for its rarity and to mention that oral lipoma may be considered as a rare possibility in the differential diagnosis of swelling of the palate.

REFERENCES