GIANT VULVAL LIPOMA : A CASE REPORT

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Abstract

Background: Vulval lipomas are rare benign mesenchymal tumours consisting of mature fat cells, often interspersed with strands of fibrous connective tissue. Arising from the vulvar fotty pads, they present as soft, multiloculated subcutaneous neoplasms. Their occurrence in the valve is said to be so rare that only a few cases have been reported. We present a rare case of a giant lipoma in the vulva.

Case Report: This is the case report of a 65-year-old postmenopausal lady with a slowly growing mass in her vulva for about 10 years. After thorough clinical examination and laboratoryinvestigation, the mass was excised and histopathological report revealed vulvallipoma.

Conclusion: Vulvallipoma is rare and so must be differentiated from other benign cystic swelling and malignant neoplasm in the vulva. The final diagnosis should be based on histopathological evaluation.

Key words : Vulva; Bening tumour; Lipoma; Surgical excision.

Introduction

Lipoma constitutes the most common soft tissue tumours.[1,2] They are widely disseminated benign mesenchymal neoplasm,commonly found over the nape of the neck, upper back, shoulder, abdomen, buttocks and proximal portion of the extremities.[3,4] Vulvallocalization are rare and only very few cases have been reported.[5,6] We have managed a case in our centre. In this paper, we report the case, discuss the clinical features, management and histopathologcial evaluation. A review of literature is also presented.

Case Report

A 60 yrs old postmenopausal woman was admitted on 23.11.2019 in the Department of Obstetrics & Gynecology, Chittagong Medical College Hospital, Chattogram with a slowly growing swelling in her vulva for about 10 years. Initially, the swelling was painless, but has become painful for the last 1-2 years. She reported of having difficulties in walking, micturition, household workbut did not disclose to any one due to shyness. She gave no history of trauma. Physical examination revealed swelling of both the vulva.

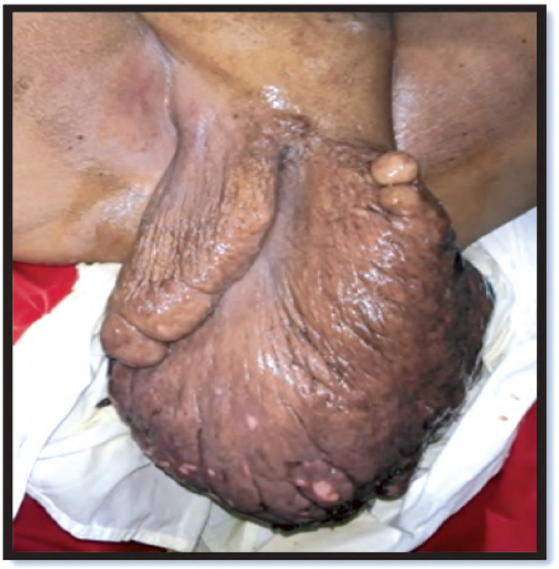

Fig 1: Vulval mass.

Swelling of left vulva was about 15cm x 10cm, oval, pedunculated with broad base and hyperkeratic changes were found over skin. The right vulval mass was about 6cm x 4 cm.

There was no visible or palpable cough impulse. Swellings were not associated with inguinal lymphadenopathy and no extension in the vagina. Bimanual pelvic examination was normal though done with difficulty. Our provisional diagnosis was vulvar lipoma. A differential diagnosis was elephantiasis. Doppler study of lower limb, CFT for filariasis reportand other preoperative laboratory investigations were normal. The patient was prepared for surgical excision.

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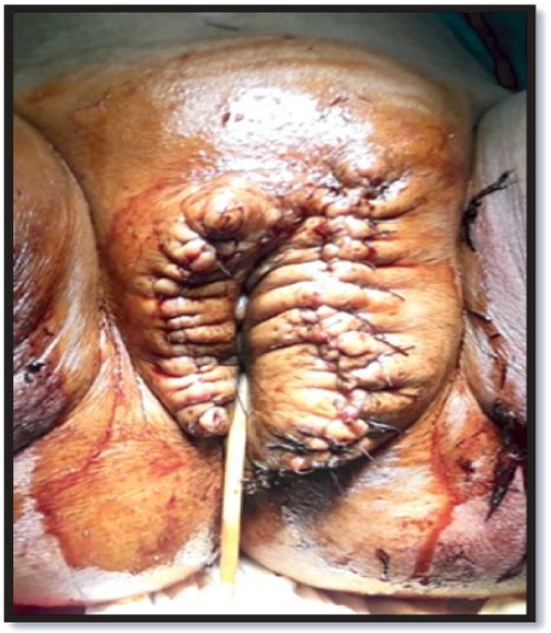

Fig 2 : Immediate post-operative view.

Both the swellings were excised completely under spinal anesthesia with proper and meticulous dissection.

Haemostasis was maintained properly with care of living tissue. Larger left sided mass was about 3kg in weight. Cross section of the tumour showed lobulated yellow tissues with no haemorrhage or necrosis. The tissues were then sent for histopathology. Her postoperative period was uneventful.

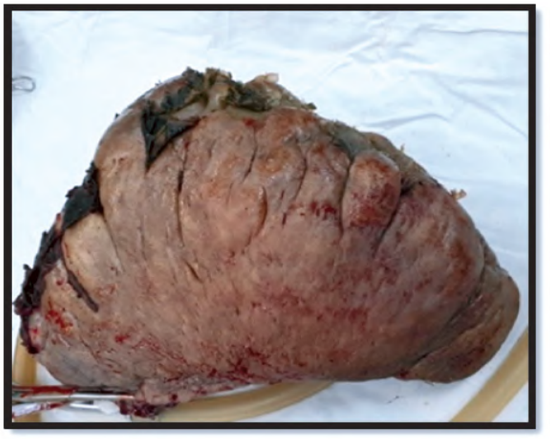

Fig 3 : Vulval mass after excision.

Histopathological report revealed classical lipoma with some fat.

Discussion

Benign tumours of the vulva are usually classified according to their origins as epithelial or mesenchymal cell tissues.[2] Vulval lipomas are rare benign mesenchymal tumours, consisting of mature fat cells, often interspersed with stands of fibrous connective tissue.[2,4] They have been identified in various age groups ranging from infancy to the ninth decade and usually appear between 40 and 60 years of age.[7,5]

Their precise etiology and pathogenesis remain unclear, but trauma has been implicated in some cases.[2,8] Our patient was in her 5th decade and has no history of trauma.

Lipoma usually present as single or multiple slowly growing, painless, mobile soft tissue swelling witha characteristic doughy feeling. They appear as ill-defined, well-demarcated, or pedunculated masses that are not adherent to the overlying skin.[1,3,8,9]

These characteristics allow correct clinical diagnosis in most cases.[3,5-11] Our patient presented with two well-defined, pedunculated, non-tender, vulvar masses which were diagnosed clinically.

However vulvar lipomas must be differentiated from cystic swelling of the Bartholin's gland and the canal of Nuck and inguinal hernia, especially in children.[1,3]

Like other lipomas , vulvar lipomas generally have a benign course. But if left untreated, they may attain a remarkable size, as evident in the giant tumour presented by our patient.

When the clinical diagnosis is not apparent, ultrasonography, CT-scan and MRI are useful.[1-4] In developing countries, ultrasound is usually recommended in place of CT-scans owing to the former's availability and cost-effectiveness.[7] Ultrasound is highly sensitive, specific and reliable.[4,8] CT scans and MRIs are useful in evaluating the anatomical extensions of vulvar lipomas and differentiating them from liposarcomas.[1-3]

Histologically, they must be distinguished from well-differentiated lipomas, like liposarcomas by extensive tumour sampling.[1]

Common treatment of a lipoma includes steroid injections and liposuction.[8,9] However, complete surgical excision is the treatment of choice for vulvar lipoma.[1-4,7] Steroid injection are best reserved for small lipomas while liposuction alone

may not allow complete resection or histopathologial evaluation of the tumour.[9-10] surgery is also indicated to exclude malignancy via histopathology.[5,7]

Recurrence is possible. However, short-term recurrence arises the suspicion of possible malignant tumour evolvement.[11]

Limitation

Recurrence of the vulvar lipoma could not be determined in this case because of the non-compliance of the patient to long-term follow-ups.

Conclusion

Vulvar swelling needs to be differentiated from cystic swelling and/or malignancy via histopathology. A precise diagnosis should allow for appropriate surgical excision.

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Contribution of authors

SB-Conception, design, critical revision & final approval.

MSUK-Design, critical revision, & final approval.

SJC-Manuscript writing, citing references & final approval.

HC-Manuscript writing, citing references & final approval.

Disclosure

All the authors declared no competing interest.

References

1. Kehagias DT, Sonyriotis VE, Karvovris EE, Gouliamos AD, Creatsas G. Large lipoma of the vulva. Eur J Obstet-Gynaecological Reproductive Biol. 1999; 84 (1) : 5-6.

2. Lee JH, Chung SM. Large vulvar lipoma in an adolescent : A case report. J Korea Med Sci. 2008; 23 (4) : 744-746.

3. Oh JT, Choi SH, AHn SG, Kim MJ, Yang WI, Han SJ. Vulvar lipomas in children : An analysis of 7 cases, J Pediatric Surgery. 2009; 44(10): 1920-1923.

4. Sherer DM, Gorlick C, Wagrich A, Lee YC, Serur E, Zigalo A et al. Sonographicfinings of a large vulvularlipoma. Ultrasound ObstetGynecol. 2007; 30(5): 78-87.

5. Jung HL, SeungMC. Large vulvar Lipoma in an adolescent: A case report, J Korean Med Sci. 2008;23: 744-746.

6. JounjonR, Dohan A, Brouland JP, Guerrache R, Fazel Y, Joyer P: Angiolipoma of the labia majora: MR imaging findings with histopathological correlation. Clin imaging. 2013;37:965-968.

7. Odoi AT, OWUSU-Bempah A, Dassah ET, Darkey DE, quaysonSE:VulvarLipoma, is it so rare? Ghana Med J. 2011; 45: 125-127.

8. Aust MC, Spies M, Kall S, Gohritz A, Boorboor P, Kolokythas P et al. Lipomas after blunt soft tissue trauma: are they real? Analysis of 31 cases.Br J Dermatol. 2007; 57(1): 92-99.

9. Salam GA. Lipoma excision. Am Fam Physician. 2002; 65(6): 901-904.

10. Jung-T O, Seung HC, Sung GA, Myng JK, Woo IY, Seok JH: Vulvularlipomas in children. J Pediatric Surg. 2009;44(10):1920-1923.
doi:10. 1016/jpedsurg.2009.02.063.

11. Poncelet C, Boccara J, Walker-Combrouze F, Feraud O, Madelenat P: Atypical lipomatoustumour of the vulva. About one case.GynecolPbstetFertil. 2004;32:46-48.