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THE UNIVERSAL TUMOR IN AN UNUSUAL SITE IN GIANT FORM

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ABSTRACT

Lipoma is the most common benign soft tissue tumor in our body composed of adult type fat cells. However, their occurrence in the palm is extremely rare. Palmar lipoma may present as slowly enlarging mass and can cause discomfort or functional impairment depending on their size and location. Here we report a case of a palmar lipoma, giant in size, in a middle-aged woman presented with painless swelling in her right palm. Clinical examination and imaging suggested a benign soft tissue tumor & surgical excision was performed. Histopathological examination confirmed the diagnosis of lipoma. The patient recovered without complication. This case highlights the importance of considering lipoma in the differential diagnosis of palmar swelling and emphasizes the role of complete surgical excision for definitive management to avoid potential complication.

Keywords: Lipoma, Palm, Rare, Benign, Differential diagnosis, Surgical excision.

INTRODUCTION

Lipoma is benign mesenchymal tumor composed of mature adipocytes. Also, it is called universal tumor as found anywhere in areas of our body rich in adipose tissue such as the trunk, neck, shoulders, and extremities, from superficial to deeper tissue planes. Lipoma is typically encapsulated soft to firm freely mobile lobular swelling; edges slip under palpating finger-pathognomonic of lipoma. Sometimes lipoma may feel cystic with pseudo fluctuation as fat at body temperature behave like fluid;dimpling sign on movement of skin is noted as fibrous bands connect lipoma to the skin. Lipoma in palm is an uncommon occurrence and giant type is a rare one. Lipoma is termed giant when it is 5 cm or more in diameter[1].

Palmar lipoma may remain asymptomatic for longer period but with increasing size can eventually cause discomfort, functional limitation or compression of adjacent neurovascular structures.A few cases of lipoma with compressive neuropathy have been reported in the literature. Rajiv Kaul et.al presented a case report of such with median nerve neuropathy[2]. Sometimes accurate diagnosis can be challenging as wide range of clinical conditions may present as palmar swelling. So early diagnosis and appropriate surgical management is essential to prevent complication. This case report describes a rare presentation of giant palmar lipoma which after evaluation treated successfully by complete surgical excision.

CASE REPORT

A 45-year-old lady, a housewife with average body built, mother of three children having history of diabetes mellitus presented to us on January 2026 with a swelling in palmar aspect of her right hand, the dominant one, for about six years. (Figure 1) Swelling was painless and slowly growing in size.It caused mild discomfort while gripping objects. She gave no history of trauma and she neither engaged with heavy manual work.

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Figure 1: Preoperative image of right palm

On examination, a soft non tender less mobile mass of about (7x5) cm was noted prominent in thenar area of palm which extending to mid-palm and partly hypothenar area. X-ray of hand was normal. Magnetic Resonance Imaging (MRI) of right hand reported $T_1$and T_2hyperintense soft tissue mass lesion at thenar eminence, intertendinious space and mid palmar space; after contrast no significant enhancement is seen and no invasion to adjacent structure was noted with unremarkable findings of bones and joints. (Figure:2)

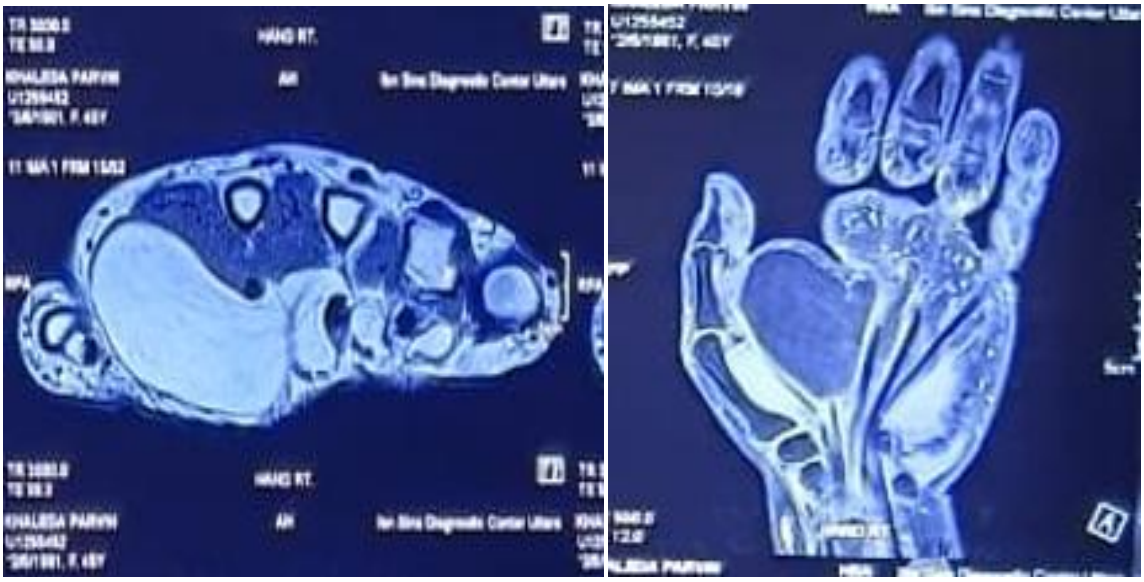

Figure 2: MRI of Right palm

Provisional diagnosis of lipoma was made based on clinical and image findings. The patient underwent surgery on 25th February 2026 under general anesthesia.Incision was made across the thenar eminence with extension to mid palm. A careful dissection was performed to avoid injury to the adjacent tendons and neurovascular structures. An encapsulated yellowish soft tissue mass was excised completely (Figure: 3). After securing hemostasis, wound was closed in single layer with interrupted stitches (Figure: 4), no drain was kept; padded pressure dressing was applied. Specimen was sent for histopathological examination which showed (7x5.5x4) cm fibrofatty tissue composed of mature adipocytes and was supported by fibro collagenous tissue confirming the diagnosis of lipoma.

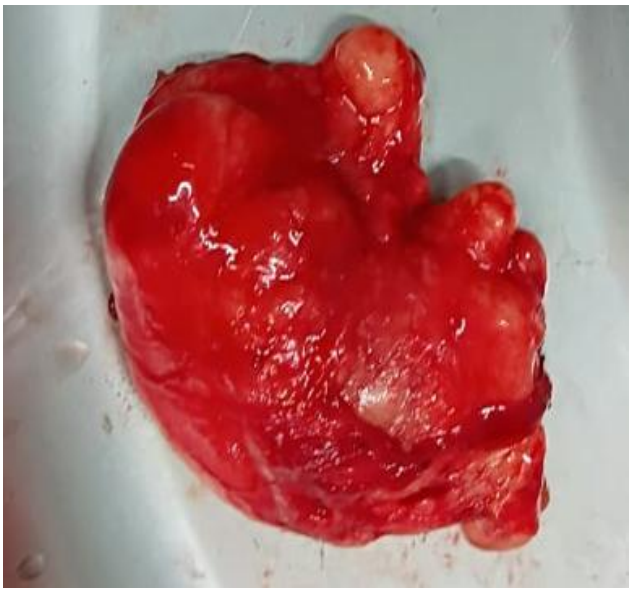

Figure-3: Excised Lipoma

Stitches were removed on 10th post operative day and wound appeared healthy with no deficit on functional and neurological points of view. Physiotherapy and finger exercise was advised.

Figure 4: Post operative image

DISCUSSION

Lipoma is benign, slow growing tumor originating from adipose tissue and account for 16% of soft tissue mesenchymal tumors[3]. Despite their common occurrence, lipoma in the palm is rareespecially giant type. Giant lipoma accounts for only 1% of all lipomas[4]. Causes are multifactorial like traumatic, genetic and metabolic like hyperlipidemia[5]. Differential diagnosis of palmar swelling includes fibro lipoma, neurofibroma, liposarcoma, giant-cell tumor of tendon sheath, complex palmar ganglion[6].

Palmar lipoma may cause pain, restricted hand movement and nerve compression. Giant lipoma of the hand is a known cause of carpal tunnel syndrome[7].

Another hazardous complication is tendon erosion leading to spontaneous rupture of the flexor tendons of the digits. Giant lipoma may also cause thenar and hypothenar hypertrophy[2]. Regarding investigation initial mode of imaging may be an ultrasound scan but MRI is gold standard for diagnosis as well as precise description in relation to adjacent structures[8,9]. Nevertheless, definitive diagnosis relies on histopathological examination[10].

Complete surgical removal remains the treatment of choice for palmar lipoma[11].Meticulous dissection is required because of intricate anatomy of hand. Enblock excision is the only option to minimize recurrence as well as long term aesthetic and functional result[12]. Although it has been suggested by Johnson et al. that any soft tissue tumor lump that is more that 5 cm needs to be considered as malignant until it is proved to be otherwise, lipoma can reach giant size and remain benign[13,14] .

CONCLUSION

Giant palmar lipoma is a rare entity may make diagnostic dilemma delaying treatment. If left untreated this benign tumor may lead to disfigurement with compromise hand function masquerading everyday life of a patient with dominant hand. Timely diagnosis with early planning for complete surgical excision is curative.

CONFLICT OF INTEREST

There is no conflict of interest.

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