



CASE REPORT OF GIANT BREAST LIPOMA

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ABSTRACT

Background: Lipomas are benign tumours of adipose tissue. It can occur in any part of the body where there are abundant fatty tissues, including the breast. Giant breast lipoma is not common with a few cases reported in literature. Diagnosis can be suggested from clinical examination and fine needle aspiration cytology, but usually confirmed on histology.

Case Presentation: We present a case of huge left breast lipoma in a twenty year old female. She presented with complaint of unilateral swelling of her left breast with associated

asymmetry. Clinical examination suggested huge left breast lipoma. Fine needle aspiration cytology done was in keeping with breast lipoma. Patient had surgical excision of breast mass which was confirmed to be lipoma on histology. The rarity of this condition and the satisfactory outcome of complete excision and breast reconstruction prompted this report.

Conclusion: Huge breast lipoma is uncommon. Surgical excision with histologic confirmation of diagnosis is adequate treatment.

Keywords: Giant lipoma, breast asymmetry, benign.

INTRODUCTION

Lipomas are benign tumors of adipose tissue. They can develop in any part of the body where there is adipose tissue and account for 4.6% of histologically confirmed breast biopsy specimen.^{1,2} Lipomas of the breast are usually small and solitary. Breast lipoma appears to be rarely encountered in clinical practice especially the huge variety.³ They are usually encapsulated, freely mobile and have a doughy feel. Usually when the size exceeds 10cm or the weight exceeds 1000g it is considered to be giant². For such patients

with huge breast mass, cosmetic disfiguration associated with asymmetry is often of concern, and constitutes an indication for surgery.⁴ The differential diagnosis includes unilateral benign breast hypertrophy, fibroadenosis, giant fibroadenoma or Phyllodes tumour. However, the main worry is fear of cancer of the breast, which needs to be ruled out.

Diagnosis of lipoma of the breast can be quite challenging since the breast is made up of abundant fatty tissue.⁵ After a clinical



examination there is need for further evaluation. Modalities for investigation include ultrasound scan or mammography and CT scan, but fine needle aspiration cytology or core biopsy is more specific.⁵ The definitive diagnosis is made from histopathological evaluation of the biopsy specimen.

We report a 20-year-old nullipara with rare huge breast lipoma causing asymmetry. She had surgical excision and histologic confirmation of diagnosis, with satisfactory outcome.

CASE PRESENTATION

She is a 20 year old nullipara who was first seen at the General Surgery Clinic of the National Obstetric Fistula Centre, Abakaliki, Ebonyi State on 13th of January 2017 with complaint of left breast mass of 2 years duration. The mass increased in size steadily over the period, resulting in embarrassing asymmetry. Prior to identification of breast mass, she did not practice self breast examination. She had no breast pain, no nipple discharge and no constitutional symptoms. There was no known risk factor for breast cancer. Examination showed a young woman in good health condition. Her vital signs were normal. The breasts were overtly asymmetrical with a palpable, non-tender, doughy, mobile mass on the left breast measuring 12cm X 10cm. Basic laboratory investigations were essentially normal. Fine needle aspiration cytology was done and showed adipocytes, with no atypical cells. She was counselled on the benign nature, and had excision of the mass (12 X 12 cm) done for cosmetic reasons (Figures 2 and 3). The mass

removed appeared yellowish, soft, round and lobulated. The wound was closed primarily (figure 4), and it healed satisfactorily with restoration of breast symmetry (figure 5). The histology of the mass then confirmed benign lipoma of the breast.

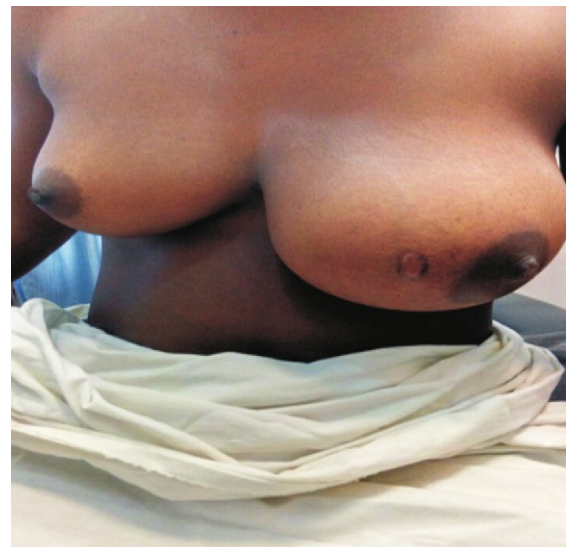


Figure 1: Obvious asymmetry between both breasts before surgery



Figure 2: Excision of breast mass



Figure 3: Breast mass removed.



Figure 4: Breast reconstruction using vicryl suture.



Figure 5: Healed wound at one week of follow up with restoration of symmetry.

DISCUSSION

Lipomas are encapsulated mesenchymal tumors of fat tissue, and are usually benign. It can occur in any part of the body with abundant fat tissue including the breast. However, breast lumps are most commonly fibroadenosis or fibroadenoma⁶. Breast lipoma is not common, are usually small and occur more with advancing age⁴. Giant lipoma of the breast seen in this case report is rather rare.

Breast lipoma is not a usual finding is very young women. The age range of women with a clinical diagnosis of breast lipoma is from 26 to 88 years (median is 51 years)⁷. The patient in the index case was 20 years old which was rather unusual. Majority of cases of giant breast lipoma reported in the literature were older than the index case. However giant breast lipomas in women of

30 years and below have been previously reported^{5,8,9}. Another finding in this report was the duration of symptom. Lipomas are slow growing benign tumours and usually become huge over a period of time. It is really difficult to state the actual duration of breast lump in this case since the patient does not practice self breast examination. In fact breast asymmetry was of major concern to this patient and this was probably what drew her attention to the presence of lump in her breast. As seen in this case report, breast asymmetry constituted the main indication for surgery.

Giant breast lipomas are usually unilateral lesions. It can present with diagnostic uncertainties especially during clinical examination as it may feel like the normal fatty tissue of the breast⁷. This may offer the tumour opportunity to achieve a great size. The main concern is usually the fear of cancer of the breast. Various imaging modalities including breast ultrasound scan, mammography and CT scan have been used in investigating patients with breast lipoma^{5,10}. These were not done in this patient because of the clinical suspicion of breast lipoma and the fact that Fine Needle Aspiration Cytology reported benign lipoma. On this basis, the patient was confidently counselled on her pathology and definitive treatment.

Indications for surgical removal of breast lipoma are presence of discomfort, cosmetic deformity, rapid growth and a huge tumor. The index case did not require complex reduction mammoplastic techniques, but simple excision biopsy via an overlying

circum-areola skin incision (figure 4 and 5). The wound healed with satisfactory restoration of breast symmetry. Total excision of the mass is therefore curative. This offers the opportunity for histologic confirmation of the diagnosis, as in the index case.

Following surgical excision, breast reconstruction may be indicated⁴. Liposuction is another method for management of breast masses with good cosmetic outcomes¹⁰. This was however not done in the index patient as facilities for such treatment was not available in our centre. Breast symmetry should be restored following surgery and when indicated prosthesis, autologous augmentation or mastopexy can be done¹¹.

CONCLUSION

Huge breast lipomas are uncommon tumours especially in young women. Surgery is an acceptable modality for treatment with good outcome. Definitive diagnosis is made on histology and malignant transformation of lipoma is unusual.

Consent: Patient gave consent for this publication and the images presented.

Conflicts of interest: None

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