Case Report

Large Lipoma in the Floor of the Mouth: a Case Report and Review of the Literature

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ABSTRACT
Lipomas is a most common benign neoplasm of mature adipose tissue in trunk and extremities. The oral cavity rarely affected by this neoplasm (1-4%) and more occurs in buccal mucosa. Floor of the mouth is rarely affected. Usually its size is less than 3 cm. The present report shows an unusual case of large lipoma (5.5 cm in greatest dimension) in the floor of the mouth of a 68-year-old male and review of the literature.

Keywords: Lipoma, Oral Cavity, Case Report

Introduction
Lipoma is a benign neoplasm of mature adipocytes. Although it is most common soft tissue mesenchymal neoplasm elsewhere in the body, 15 to 20% of all cases occur in head and neck and rarely affecting oral cavity (1-4%). They correspond to 0.1 to 4.4% of all benign oral soft tissue tumors (1-10). The common sites as an order of frequency are buccal mucosa, tongue, lip, gingiva, and floor of the mouth (4, 11-13). Oral lipoma has been known to occur in the males above 40 years of age, but it happens more in women than in men while others believed it occurs with equal predilection for both genders (1, 4, 6, 8, 9, 13, 14).
Oral lipoma presents as yellow, soft, sessile or pedunculated mass with smooth surface. In most cases, the size of the lesion is less than 3
cm and those greater than 5 cm are extremely rare (12-14). Lipoma is often slow-growing and asymptomatic as long as it reaches a certain size that can interfere with speech and mastication (4, 8, 10, 13).

The aim of this article is to report a case of a 68-year-old man with a large oral lipoma in the floor of the mouth and review of the literature.

**Case Report**

A 68-year-old seemingly healthy man came to Oral Medicine Department, School of Dentistry, Babol University of Medical Sciences, Babol, Iran with painless swelling of the floor of the mouth that interfered with his eating. He reported that the mass had been there for the past 10 years. Physical examination revealed a yellow, pedunculated mass in the floor of the mouth that expanded to marginal gingiva of lingual surface of second and third molars (Fig. 1).

![Fig. 1: Clinical view of intraoral lipoma](image)

On palpation the swelling was soft, non-tender with smooth surface. The adjacent part of it to the teeth was ulcerated. There were not any further problems in other regions of his mouth. Under local anesthesia, total excision of mass with intraoral approach was done. The mass was sent to pathology department. Gross specimen was yellow-pink, encapsulated, lobulated, soft tissue mass with dimensions of 5.5×3.5×3.5 cm.

In microscopic examination, a neoplastic lesion composed of mature adipocytes was lobulated by fine connective tissue containing blood vessels (Fig. 2, 3). A definitive diagnosis of lipoma was made. On the 18-month follow up no recurrence had occurred.
Discussion

Lipoma is rarely affected oral cavity. In one study it represented to 0.5% of all oral cavity neoplasms during 31 years (4). Buccal mucosa and buccal vestibule are the most common locations of oral lipoma (8, 9, 13, 14). Oral lipoma of the floor of mouth in this patient was rarely reported (4, 5, 8, 11-13). Mostly the size of this kind of lesion is less than 3 cm (12-14). The mean size of this lesion was 1.66 cm (9). Up to now a few articles presenting oral lipoma in Iranian population were published and the largest one was 4 cm, involving buccal mucosa (13, 15-17). However, in this case, the size of the mass was 5.5 cm, which is relatively rare.

Lipoma is usually slow-growing and asymptomatic. Hence, the lesion may be present for few years prior to patient’s referee (4, 6, 10, 11, 14). In this patient, the lipoma was present for ten years.

The biology of lipoma differs from the normal adipose tissue. Decreasing of calorie intake reduces normal body fat but does not decrease the size of lipoma (4, 9).

Clinically, oral lipoma generally presents as yellow, mobile and painless mass (3, 6, 12). Occasionally they present as fluctuant mass, therefore lesions such as lymphoepithelial cysts, dermoid and epidermoid cysts, ranula, pleomorphic adenoma must be considered in the differential diagnosis (6, 14). The presentation of represented case was an asymptomatic mass with soft consistency in physical examination.

The most common histologic variant is simple (classic) lipoma (5, 6, 9). Other variants including fibrolipoma, angioliopoma, myxoid lipoma and spindle cell lipoma are much less common (3, 5, 6, 12). Microscopic examination of this case revealed a simple lipoma.

Surgical excision is the treatment of choice of oral lipoma including all histologic variants (6, 12, and 7).

Conclusion

Although oral lipoma is rare tumor, it must be considered in differential diagnosis of oral soft tissue mass in order to correct therapeutic management. Surgical excision is a standard treatment and no recurrence is anticipated.

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References


