



E-ISSN: xxxx-xxxx

P-ISSN: xxxx-xxxx

IJCRC 2019; 1(1): 05-06

Received: 08-11-2018

Accepted: 12-12-2018

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## Assessment of case of lipoma of breast

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### Abstract

Lipomas are benign tumors of the breast. Breast lipomas may be single or multiple and they are clinically asymptomatic. We reported case of lipoma of breast in 21 years old female patient.

**Keywords:** Lipoma, Breast, Benign

### Introduction

Lipomas are benign tumors of the breast. Breast lipomas may be single or multiple and they are clinically asymptomatic. They can be palpated as a well-circumscribed mass in the subcutaneous tissue and may be treated with simple excision. The age of higher incidence of breast lipoma is 40 to 60 years old. If the mass exceeds 10 cm at least in one dimension or weighs a minimum of 1000 g, it is considered to be a giant lipoma [1].

The incidence accounts for approximately 16% of all mesenchymal tumors. They usually develop as well-circumscribed, encapsulated masses with a doughy feel that is freely mobile underneath the skin [2]. They can arise in any part of the body. In the breast, a diagnostic work-up is needed due to its varying history and clinical course, given the fact that they tend to be small in diameter [3]. However, patients seek medical attention over their concerns with the size augmentation, disfiguration or asymmetry, not to mention the fear of malignancy, of a swelling mass. Breast asymmetry can result from unequal hypertrophy or neoplastic growth, leading fatty tumors to be clinically and radiographically difficult to differentiate from hypertrophy [4].

The diagnosis may be difficult due to normal adipose tissue of the breast. Lipoma may cause asymmetry of the breast when grown up. We reported case of lipoma of breast in 21 years old female patient.

### Case Report

A 21-year-old female complaints of severe growth and swelling of her right breast. She had the mass for a long time and it grew over the few years.

There was no positive family history for the breast lesion. Patient was healthy. Physical examination revealed a mass of 10x5 cm in size which was a soft consistency of adipose tissue palpated in the upper outer quadrant of her right breast.

Patient was subjected to mammography which showed that the mass was 12x7 cm in size and compatible with lipoma which fills the right upper quadrant. There was a large radiolucent lesion with oval, regular border that fills right upper quadrant of the right breast. Fine needle aspiration biopsy (FNAB) of the lesion showed vacuolated fat cells, and connective tissue elements. A 5 cm transverse incision was performed on the right upper quadrant of patient. The mass which was filling near-completely the upper quadrant of the left breast with a 17x11x4 cm size was totally excised. Tissue was sent to histopathology which confirmed that diagnosis of lipoma of the breast. The patient was discharged on the second postoperative day without any complications. The prognosis was good.

### Discussion

Lipomas are among the most common mesenchymal tumors and are usually benign, well circumscribed, and covered by a thin capsule, appearing in almost every region of the body with a prevalence of 2.1 per 1,000 people. Twenty percent are located in the chest wall. They can be sub-classified according to their etiology, histological characteristics, localization, and dimensions. The breast is a common site for this pathology; however, they tend to be small asymptomatic tumors [5].

Most cases of breast asymmetry and unilateral breast enlargement result from unequal physiological hypertrophy, but a neoplastic process should be suspected when the size

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discrepancy appears with obvious architectural distortion, making mandatory a thorough clinical and paraclinical evaluation. Although lipomas are considered by many to be a banal condition, they often cause diagnostic and therapeutic uncertainty, especially in the breast, because its normal fatty composition and the difficulty of distinguishing them from other benign or malignant lumps<sup>[6]</sup>. We reported case of lipoma of breast in 21 years old female patient.

The lipomas may present as hard, fixed masses due to the post-traumatic fat necrosis. So that they may be misdiagnosed as cancers clinically. The definitive diagnosis of these patients is crucial. Thus, a detailed history and imaging techniques are required for patients<sup>[7]</sup>. In our case, lipoma has been described as a radiolucent lesion with specific boundaries in mammography and a lipoid lesion with smooth margins described in ultrasound. Although imaging is compatible with lipoma, FNAB was performed to the case in order to avoid misdiagnosis, and the biopsy result revealed as connective tissue elements with vacuolated cells of adipose tissue<sup>[8]</sup>.

Physical examination is often of little diagnostic use, especially in large or deep tumors<sup>[9]</sup>. The lack of a defined consistency and the preservation of the breast contour are common in a fatty tumor or benign hypertrophic breast. The presence of missed lipomas during routine mammography in large postmenopausal patients' breasts have been reported. Simple radiography, ultrasonography, computed tomography, or magnetic resonance imaging can be used for definitive identification<sup>[10]</sup>.

Although total excision of a tumor is the definitive treatment for lipoma, neoplasms of this size and location that result in an unequally paired organ make reconstruction a great challenge for surgeons. The size and shape of the contralateral breast should be considered in choosing the surgical strategy for an adequate reconstruction to achieve a good symmetrical result. Modifications of traditional mammoplasty techniques should be taken into account, but prosthesis, autologous augmentation, reduction, or mastopexy can be used to reach this goal<sup>[11]</sup>.

## Conclusion

Authors suggested that lipomas of the breast are benign tumors with a very limited risk of malignant transformation; they are associated with an excellent prognosis after successful excision.

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