Giant Lipoma of the Thigh

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A sixty-two-year-old obese female presented with a swelling in the medial aspect of her thigh for 6 years. The swelling was increasing in size and limiting her mobility. The swelling was painless and did not show any signs of inflammation. Based on the clinical presentation, a diagnosis of lipoma was made. MRI revealed subcutaneous tissue thickening with thickening of the fascia deep in the medial aspect of the thigh. No extension was found in the muscular layer. Excision of the lipoma was performed and 4 kg lipoma was excised. Her postoperative recovery was uneventful. The histopathological report revealed lobules of mature adipose tissue with focal areas of fat necrosis, inflammatory infiltrate, lymphoid follicles, and dermal fibrosis were consistent with lipoma. The patient is currently on regular follow-up.

Relieving the symptoms in a patient with giant lipomas should be the priority. In addition, it is important to rule out any malignancy, which although rare, should not be missed.

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**THE CASE**

A sixty-two-year-old obese female presented with a painless swelling in the medial aspect of her thigh for 6 years. The swelling was increasing in size. She had difficulty walking, especially for considerable distances. The swelling increased during the year before the presentation. The patient was fatigued and had limited mobility; she had no inflammatory signs and symptoms. She was neither jaundiced nor pale on general physical examination. The cardiovascular system was normal.

Examination of the left limb revealed a huge, globular, diffuse lump involving the anteromedial aspect of the left thigh, measuring approximately 35x30 cm, see figures 1 and 2. On palpation, the mass was non-tender with normal skin temperature. It was not attached to the underlying tissues, but the overlying skin showed dimpling and redness. The mass was firm in consistency with no compression signs. There was no bruit heard over the mass. There was no inguinal lymphadenopathy. Based on the clinical presentation, a diagnosis of lipoma was made.

Hematological investigations were within normal limits. MRI showed subcutaneous tissue thickening with thickening of the fascia deep in the medial aspect of the thigh, see figure 3. No extension was found in the muscular layer. Excision of the lipoma was performed under general anesthesia and a lipoma of 4 kg was excised, see figures 4 and 5. Her postoperative period was uneventful and was stable at discharge. Macroscopy revealed a huge and well-encapsulated mass measuring approximately 33.5x23 cm. Histopathology revealed lobules of mature adipose tissue with focal areas of fat necrosis, inflammatory infiltrate, lymphoid follicles, and dermal fibrosis consistent with lipoma, see figure 6. The patient was discharged on the 5th postoperative day. The drain was removed after 1 week. She is currently on a regular follow-up.

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Discussion

Lipomas, although benign, can be debilitating especially if they reach a considerable size. Giant lipomas are typically mesenchymal tumors located in the deep body plane. The mechanism for their uncontrolled growth remains unclear. Large lipomas have been reported in the literature. Such lipomas may be found in any part of the body, though they are extremely rare. When located in the limbs, giant lipomas may cause functional limitations due to excessive size and weight or lymphedema, pain, or nerve compression syndrome.

Phalen et al found that lipomas causing nerve compressions are rare. It is important to differentiate between lipoma and liposarcoma. Malignant lesions, such as high-grade liposarcoma show no destruction of fat planes and they can present as infiltrative growth. The MRI can be helpful in distinguishing benign lipomas from malignant liposarcomas. Surgery is the treatment of choice to confirm the benign nature and extensive resection may be needed to avoid recurrence. The histological examination can show adipose tissue, which is diagnostic of a benign neoplasm of fat tissue.
CONCLUSION

Relieving the symptoms in a patient with giant lipomas should be the priority. Weakness, aching, or limited mobility is due to mechanical interference with the muscles. Surgical excision is the treatment of choice to relieve the symptoms. The surgery can be challenging. In addition, it is important to rule out any malignancy, which, although rare, should not be missed.

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