Case Report

Vulvar Lipoma

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Abstract

Here a case of 40 year old lady is reported who presented with swelling in left labium majus. It was clinically diagnosed as vulvar lipoma. It was excised under regional anesthesia. Diagnosis of lipoma was confirmed on histopathology. The case is reported on account of its rarity. The patient was followed up for 3 months post-operatively. She remained symptom free.

Key words: Lipoma, Vulva, Neoplasm, Vulvar lipoma.

Introduction

Lipoma is a common, slowly growing benign neoplasm. Its aetiology and pathogenesis is uncertain. Most of these tumors may show structural chromosomal rearrangements at 12q13-15.[1] Different sub types of lipomas are subcutaneous lipomas, adenolipomas, angiolipomas, lipoleiomyomas angiolipoleiomyomas, spindle cell lipomas, neural fibrolipomas and hibernomas.[2] Vulvar lipoma is very rare, few cases are reported in the literature.[3] Vulvar lipomas arise from the subcutaneous tissue of the vulva, enlarge slowly and may become pedunculated. Lipomas are radiolucent but most of the time these are diagnosed clinically. Asymptomatic vulvar lipomas are managed conservatively. Large symptomatic lipomas are treated by surgical excision. Diagnosis is confirmed on histopathology. It is managed conservatively or by surgical excision, when large.[2]

This case is reported due to its rare occurrence. However it must be included in the list of differential diagnosis for any vulvar lesion. The malignant potential of lipoma is low but it needs to be differentiated from vulvar liposarcoma for favorable outcome.

Case Report

A 40 year old lady para 4, presented in Obs/Gyn outpatient department of Sir Ganga Ram Hospital, Lahore with complaint of left labial swelling for three years. It gradually increased in size. Initially the swelling was painless but she started feeling dull ache for 15 days. She had no history of fever, vaginal discharge, urinary or bowel complaints or vulvar trauma. She was diabetic for 3 years and her blood sugar level was controlled on biphasic insulin.

Her obstetric, gynaecological and family history was unremarkable.

Patient`s general physical and systemic examination was unremarkable. Inguinal lymph nodes were not palpable. On local examination, 6x7 cm soft, non-tender swelling in left labium majus with no skin discoloration. Her bimanual pelvic examination was normal. She was admitted in gynae indoor. Her laboratory investigations were within normal range.

Informed consent was taken from the patient regarding the procedure and publication. Under regional anaesthesia the patient was draped in lithotomy position. The vulvar lipoma was exposed and held (Figure 1).

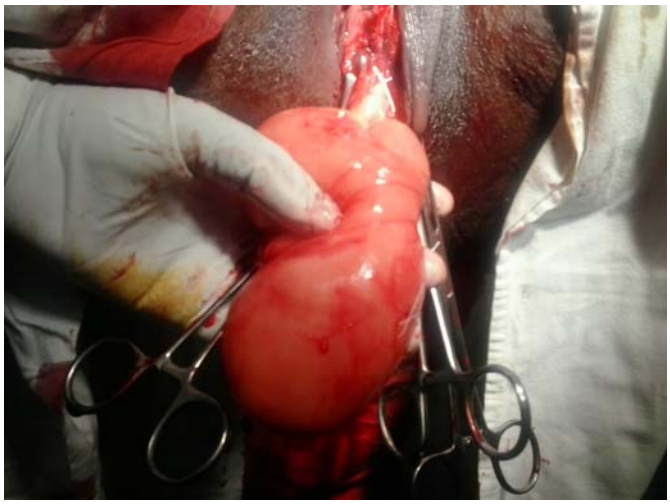

Figure 1. Vulvar Lipoma, held for excision.

A vertical incision of 4cm was given along the muco-cutaneous junction of left labium majus. The tissue was mobilized, enucleated and excised. It was extending deep into the paravaginal and pararectal tissue. The dead space was closed and haemostasis secured. The excised tissue as shown in figure 2 was sent for histopathology. Gross examination of specimen showed fibrofatty tissue measuring 10x7x6cm. The histological examination of the section revealed mature adipocytes along with fibrous tissue stroma. No granuloma or malignancy was seen.

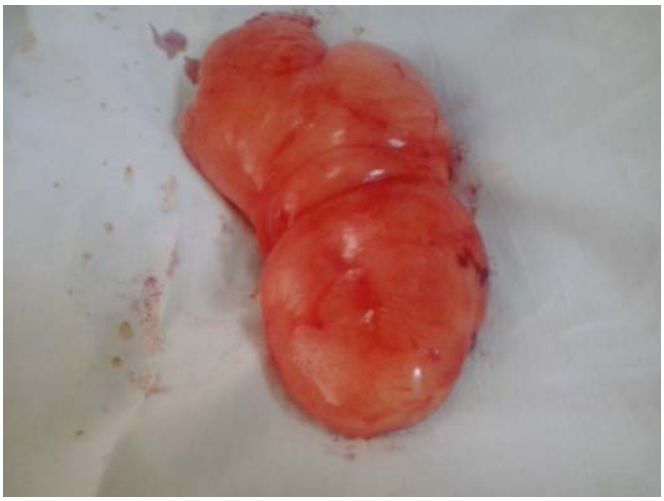

Figure 2. The excised Vulvar Lipoma.

Patient was discharged from the hospital, day after surgery. She was called for follow up at two and six weeks intervals and was found to be symptom free.

Discussion

Genital lipomas are very rare. Literature review shows few case reports. [3] Vulvar lipoma arises from sub-cuticular fat located on mons pubis and labia majora. It is usually a solitary, small, soft, slippery, well circumscribed mobile lump. It can present as a swelling in labium majus that can increase in size slowly and may become painful and pedunculated.[2] Literature shows case reports of vulvar lipomas in all age groups ranging from adult females to newborns which need to be differentiated from inguinal hernias.[3, 4, 5]

Subcutaneous lipomas are most common. Cases of vulvar lipomas have been reported by Odoi [6] and Khreisat. [7] Pantanowitz et al reported cases of vulvar adenolipoma in two middle aged ladies.[8] Spindle cell

lipoma of vulva has been reported in an old lady. [9] Differential diagnoses of lipoma include bartholin cyst, fibrolipoma, fibroma, haemangioma, angiomyofibroblastoma or leiomyoma, etc.

Most cases of lipoma are diagnosed clinically. Subcutaneous lipomas do not require imaging for diagnosis. Ultrasound is done, if clinical examination is equivocal. Other radiological modalities can be used in diagnostically difficult cases.[10] The ultrasonographic appearance of lipoma is circumscribed, homogenous mass with variabe echogenicity.[11] On cut section it appears as soft, yellow lobulated substance. Diagnosis is confirmed histologically which reveals mature fat cell mixed with fibro-vascular strands and covered by thin fibrous capsule, [2] like in this case.

Treatment is expectant in cases of asymptomatic, small and static lipomas. If they causes discomfort, disfigurement or rapid increase in size, excision with complete removal of capsule is recommended. Other treatment options for large and symptomatic lipomas are use of steroids and phosphatidylcholine injections which cause lipolysis of the fatty tissue. Liposuction is another option to remove the lipoma with less scarring. [2] Our case was managed by wide local excision with clear margins.

Malignant potential of lipoma is extremely low. In literature very few cases of liposarcoma have been reported. Nucci et al[12] reported case analysis of six patients with liposarcomas. The median age of their patients was 52 years. Lipomas are difficult to differentiate from liposarcoma due to similar clinical presentation. CT and MRI can be used in suspicious cases and to rule out pelvic extension. Diagnosis of liposarcoma is confirmed on histological examination which reveals variation in size of adipose cells and presence of fibrous septa with atypical cells.

Generally prognosis is good and recurrence is uncommon. Local recurrence is observed with deep lipomas, liposarcomas and where capsule is not completely excised. [3]

Conclusion

This was a case of simple lipoma vulva and was excised on account of its size. The histopathology report showed no malignancy. The patient recovered well. Serial β-hCG levels became negative by the end of 6th week. Thus the risk of continuing GTD was successfully waved off in this case. However she was advised to practice contraception for the suggested period.

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"Extreme remedies are appropriate for extreme diseases"
Hippocrates

Corollary

Like Aspirin the most simple of medicines, is being believed to treat cancer breast— a proposition which is under study yet.

Ref.Int'l NY Times-Thursday May 22nd 2014:11