

## AN UNUSUAL PRESENTATION OF LIPOMA ON THE CHEST

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### ABSTRACT

Intramuscular lipoma of the chest wall is a rare finding. We present the case of a 51 years male who presented to the hospital with mass on the left side of the chest which was gradually progressive in size. After re-evaluation swelling was round in shape, single with well-defined margin and rubbery consistency. Preoperative imaging HRCT thorax was done which suggested a well-defined round, hypodense, non-enhancing space occupying lesion (10.2x 8.6 x2.3cm) with volume of approximately 100ml noted in the muscle of the chest wall (pectoralis major to pectoralis minor) in the left side of the chest most likely lipoma. Histopathology revealed normal adipocytes with small eccentric nucleus.

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### INTRODUCTION

Lipomas are benign, small, soft, fluctuant, fatty tumours (1). Although generally painless, they may enlarge significantly, but can cause pain by compressing adjacent nerves. The lipomas in the subcutaneous plan can be treated by excision, but lipomas which are deep-seated needs various considerations before surgery (2). The location and anatomy of adjacent structures should be well understood and structures compressed by it with the help of diagnostic tools (3).

This is an unusual case of lipoma deep seated in the shoulder region.

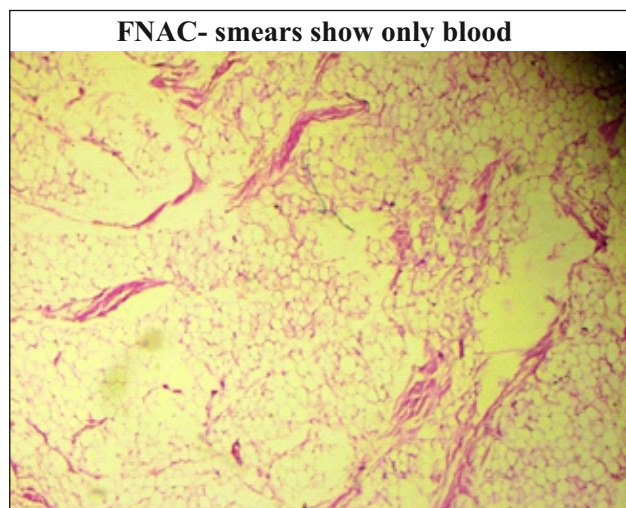
### CASE REPORT

A 51 years old male visited the surgery outpatient clinic with a palpable mass on the left side of chest 1.5 yrs. On examination the swelling was about 8x5cm in size, round in shape with well-defined margin and rubbery in consistency. The swelling was suspected to be deep seated probably a case of submuscular or an intramuscular lipoma.

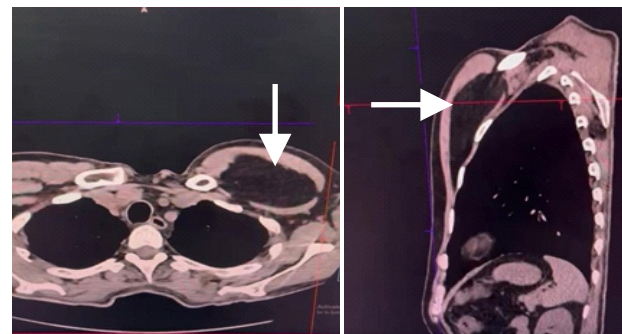
### INVESTIGATION-

**USG** – An ill-defined heterogeneous lesion in the left chest wall posterior to pectoralis major & pectoralis minor 3.12x 7.25x 7.8cm volume- 93.09cc.

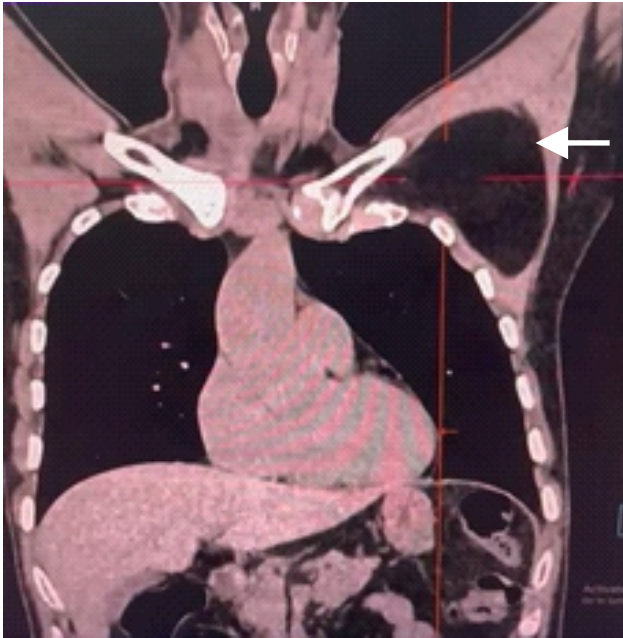
**HRCT THORAX** - A well-defined round, hypodense, non-enhancing space occupying lesion (10.2x 8.6 x2.3cm) with volume of approximately 100 ml noted in the muscle of the chest wall (pectoralis major to pectoralis minor) in the left side of the chest most likely lipoma.



**Fig. 1: Enlarged, Non-nucleate, Showing Adipocytes**



**Fig 2: HRCT- Thorax showing space occupying lesion in the muscle of chest wall (pectoralis major to pectoralis minor) in the left side of the chest most likely lipoma**



*Cont. Fig. 2: HRCT- Thorax showing space occupying lesion in the muscle of chest wall (pectoralis major to pectoralis minor) in the left side of the chest most likely lipoma*

## RESULT

Excision of the lipoma which was deeply extended from the muscle of pectoralis major to pectoralis minor on the left side of the chest.



*Fig. 3: Preoperative Photo - Lipoma on the left side of the Chest*

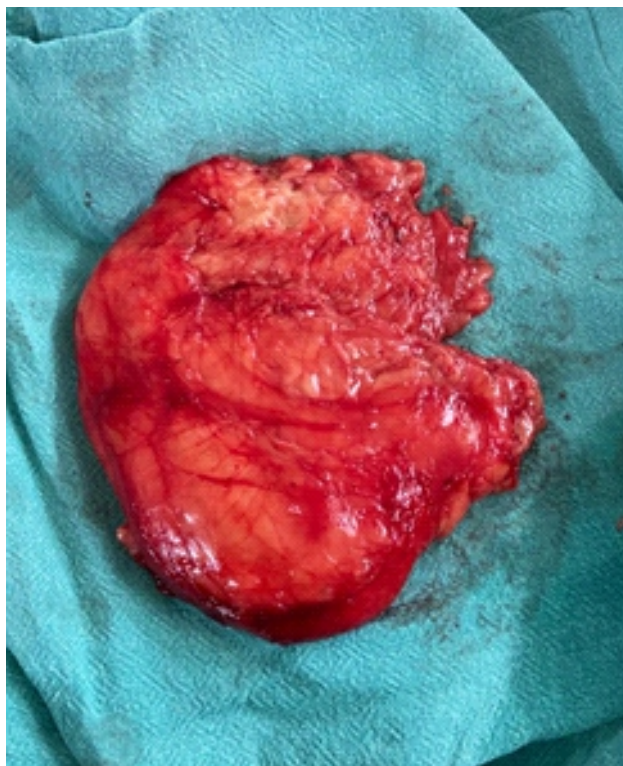


*Fig. 4: Post Operative photo (after excision of the Lipoma)*



*Fig. 5: Intra Operative photo (excision of the Lipoma)*





**Fig. 5: Intra Operative photo (excision of the Lipoma)**

Histopathology revealed normal adipocytes with small eccentric nucleus (4).

## CONCLUSION

Lipomas are submucosal fatty benign tumours that do not present with any symptoms with no malignant potential mostly subcutaneous neoplasm.

They present as a painless, slow-growing, usually less than 5cm in diameter but can grow larger than that, mobile mass of the subcutaneous tissue. Usually asymptomatic but may cause pain due to regional nerve deformation. Surgical resection is indicated in cases of local pain, mass effect, or cosmetically sensitive areas (5).

But very often lipoma is deep-seated, rapidly growing, painful, and invasive. In these cases, cross-sectional imaging is recommended prior to any surgical resection.

Lipomas are not transilluminated. Histologically it resembles mature fat. X-rays shows no abnormality. MRI reveals characteristics of adipose tissue with exact anatomical site, proximity or involvement of adjacent structures (6).

Asymptomatic lesions with no symptoms should be observed. For symptomatic lipomas such as pain, increase in size or enlarging mass causing dysfunction marginal excision is recommended (7).

Although region like thoracic is a rare location for lipomas, several reports are there on rare lipomas like Endobronchial lipoma, intramuscular lipoma, diaphragmatic lipoma, pleural lipoma and intracardiac lipoma (8).

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