



## RESEARCH ARTICLE

### A RARE ENTITY: LIPOMA OF THE FLOOR OF THE MOUTH

<sup>1</sup>Dr. Subhas Chandra Debnath, <sup>2,\*</sup>Dr. Anovili N Chishi, <sup>3</sup>Dr. Dhanushya, A., <sup>4</sup>Dr. Priyangana Nath, <sup>5</sup>Dr. Tanmoy Nath and <sup>6</sup>Dr. Prasanta kumar Rabha

<sup>1</sup>Prof. and Head of Department, Department of Oral and Maxillofacial Surgery, Regional Dental College, Assam, India

<sup>2</sup>Post graduate trainee, Department of Oral and Maxillofacial Surgery, Regional Dental College, Assam, India

<sup>3</sup>Post graduate trainee, Department of Oral and Maxillofacial Surgery, Regional Dental College, Assam, India

<sup>4</sup>Lecturer, Department of Oral and Maxillofacial Surgery, Regional Dental College, Assam, India

<sup>5</sup>Department of Oral and Maxillofacial Surgery, Regional Dental College, Assam, India

<sup>6</sup>Lecturer, Department of Oral and Maxillofacial Surgery, Regional Dental College, Assam, India

#### ARTICLE INFO

##### Article History:

Received 14<sup>th</sup> August, 2024

Received in revised form

27<sup>th</sup> September, 2024

Accepted 20<sup>th</sup> October, 2024

Published online 30<sup>th</sup> November, 2024

##### Key Words:

Lipoma, Benign, Excision.

##### \*Corresponding author:

Dr. Anovili N Chishi

#### ABSTRACT

Lipomas are benign soft tissue tumors in the human body. It is common in the head and neck region however, in the oral cavity region they are quite rare, accounting for only 1% to 4% of benign oral cavity lesions. Oral lipomas are likely to affect cheek, tongue, lips, gingiva and rarely the floor of the mouth. Here is a case of large lipoma of the floor of the mouth, associated with difficulty in mastication of a 51-year-old male. The tumor was excised in toto under local anesthesia and sent for histopathological examination, which confirmed the tumor to be a classical type of lipoma. The differential diagnosis of lipoma could be made for swelling of floor of the mouth.

Copyright©2024, Subhas Chandra Debnath et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Dr. Subhas Chandra Debnath, Dr. Anovili N Chishi, Dr. Dhanushya, A., Dr. Priyangana Nath, Dr. Tanmoy Nath and Dr. Prasanta kumar Rabha. 2024. "A Rare Entity: Lipoma of the Floor of the Mouth.". *International Journal of Current Research*, 16, (11), 30686-30688.

## INTRODUCTION

Lipoma is a benign adipose tissue tumour. Roux was the first to describe soft tissue lipoma in 1848 as a yellowish epulis (1). It is rarely seen in the oral cavity, but when it exists, it presents as a well-defined, slow growing mass, often without symptoms with a consistency varying from soft to firm. The incidence of oral lipomas is approximately 1.0–4.4% of all benign oral lesions. The commonly involved areas are the buccal mucosa, which is full of adipose tissue owing to adjacency to the buccal fat pad followed by the lips, tongue, floor of the mouth, palate, vestibule, mandible, and retromolar pad. The more uncommon areas are the salivary glands, gingivobuccal fold, parotid, masseteric region and neck, and pharynx/larynx (2). Lipomas usually occur as solitary lesions; multiple lesions can be associated with Gardner or Bourneville syndromes (1). It represents almost 1% of benign tumors of the oral cavity (1) (2). Based on histopathologic features, lipomas can be classified as simple lipoma which constitutes 80% of lipomas, whereas other variants such as fibrolipomas, angiolipomas, intramuscular lipomas, pleomorphic lipomas, spindle cell lipomas, sialolipomas, myxoid lipomas, and atypical lipomas make up the remaining 20% of all lipomas. (2)(3).

They are either encapsulated or non-encapsulated or present in an infiltrating manner (3). Oral lipomas are usually asymptomatic and detected on routine examination. However, with continued growth they can interfere with speech and mastication.

## CASE REPORT

A 51-year-old male reported to the OPD Of department of OMFS with a complaint of swelling in the lower side of the tongue for 6 months. The swelling was gradual in onset and was progressively increasing in size not associated with pain, but due to the size, the patient had difficulty in chewing. On his clinical examination, there was a diffuse swelling on the left side of the floor of the mouth, non-fluctuant, on tender and no change in colour (Fig 1). The swelling was soft in consistency. The patient has a history of being hypertensive and under irregular medication and also type 2 Diabetes mellitus, which was uncontrolled. A CECT scan was advised which showed a uniform mass in the left side of the floor of the mouth about 4x3cm<sup>2</sup>. The provisional diagnosis was made to be lipoma of the floor of the mouth.

Excision of the lipoma was the planned procedure and was performed under local anesthesia.

**Surgical procedure:** A midline, horizontal mucosal incision was made over the crest of mass. Then dissection was done sub mucosally to expose the superior aspect of the mass. Blunt dissection was carried out throughout the procedure to prevent damage to the Wharton's duct, lingual nerve, and sublingual gland. The mass comprised of adipose tissue coupled with a capsule surrounding its periphery which was shelled out easily, with no adhesions to the surrounding structures (Fig 2).



**Fig.1.** A swelling on the left side of the floor of the mouth



**Fig. 2.** Tumour exposed



**Fig. 3.** lingual nerve identified

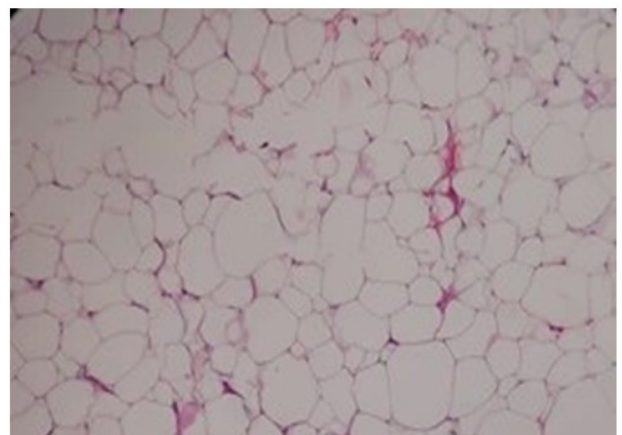
The lingual nerve was identified and preserved (Fig 3). After achieving good hemostasis the mucosal layer was closed with absorbable sutures (Fig 4). Gross histopathological examination revealed a well circumscribed lesion composed of sheets of mature adipocytes separated by a thin fibrovascular septa. This was consistent with the diagnosis of a simple classical lipoma. Healing was uneventful.



**Fig. 4.** Excised tumour



**Fig. 5.** Interrupted suture with absorbable suture



**Fig 6.** Histopathology showing matured fat cells

## DISCUSSION

The exact etiology of oral lipoma is unclear. Some studies mentioned that mechanical factors, endocrine system, inflammation, obesity, chromosomal abnormalities, radiation, trauma, mucosal infections, and chronic irritation can contribute to the development of oral lipoma (3). Oral lipomas are slightly more common in female, and the male to female ratios is equal in classic lipomas and fibrolipomas. It has been reported that there is a male preponderance for classic lipomas (1.5:1), whereas there is a female preponderance for fibrolipomas (1:1.3) (4) which is in contrast with the whole body where lipomas are twice as common in females as in males (5). Most cases of lipoma occur at 60 years of age or older, and are rare in children. The mean duration between the first awareness of symptoms and treatment was reported to be ranged 31.2–75.8 months (6). The most common site of oral lipomas is the buccal mucosa, comprising 38.6 % of all cases, followed by the tongue, lip, floor of the mouth and buccal vestibule, palate and retromolar area, gingiva, and other. Surgical excision is the main treatment for lipoma (7). The complete resection should be emphasized, which is the key in avoiding recurrence. The prognosis of this tumor is good (5) (6)

## CONCLUSION

Lipoma of the oral cavity is indeed rare; however, the prognosis is good and the treatment protocol remains the same, i.e. excision. In the provisional diagnosis of swelling of the floor of the mouth, lipoma can also be considered. Although patients report only when there is discomfort in phonation or mastication, with proper diagnosis and prompt treatment, the tumor is easily treated.

## REFERENCES

- Osterne RL, Lima-Verde R, Turatti E, Nonaka CF, Cavalcante RB. Oral cavity lipoma: a study of 101 cases in a Brazilian population. *Jornal Brasileiro de Patologia e Medicina Laboratorial*. 2019 May 23;55:148-59.

- Dehghani N, Razmara F, Padeganeh T, Mahmoudi X. Oral lipoma: Case report and review of literature. *Clinical case reports*. 2019 Apr;7(4):809.
- Cocca S, Viviano M, Parrini S. Unusual complications caused by lipoma of the tongue. *Journal of the Korean Association of Oral and Maxillofacial Surgeons*. 2017 Dec 1;43(Suppl 1):S6-8.
- Naruse T, Yanamoto S, Yamada SI, Rokutanda S, Kawakita A, Takahashi H, Matsushita Y, Hayashida S, Imayama N, Morishita K, Yamashita K. Lipomas of the oral cavity: clinicopathological and immunohistochemical study of 24 cases and review of the literature. *Indian Journal of Otolaryngology and Head & Neck Surgery*. 2015 Mar;67:67-73.
- Fregnani ER, Pires FR, Falzoni R, Lopes MA, Vargas PA. Lipomas of the oral cavity: clinical findings, histological classification and proliferative activity of 46 cases. *International journal of oral and maxillofacial surgery*. 2003 Feb 1;32(1):49-53.
- Raj AA, Shetty PM, Yadav SK. Lipoma of the floor of the mouth: report of an unusually large lesion. *Journal of maxillofacial and oral surgery*. 2014 Sep;13:328-31.
- Linares MF, de Almeida OP. Intraoral lipomas: A clinicopathological study of 43 cases, including four cases of spindle cell/pleomorphic subtype. *Medicina oral, patologia oral y cirugiabucal*. 2019 May;24(3):e373.
- Manor E, Sion-Vardy N, Joshua BZ, Bodner L. Oral lipoma: analysis of 58 new cases and review of the literature. *Annals of diagnostic pathology*. 2011 Aug 1;15(4):257-61.
- Sarfi D, Konaté M, Adnane S, Elbouhairi M, Yahya IB. Intra oral lipoma: Report of 3 histologically different cases. *Advances in Oral and Maxillofacial Surgery*. 2021 Oct 1; 4:100182.
- De Sanctis CM, Zara F, Sfasciotti GL. An Unusual Intraoral Lipoma: A Case Report and Literature Review. *Am J Case Rep*. 2020 Jun 21;21:e923503. doi: 10.12659/AJCR.923503. PMID: 32564054; PMCID: PMC7327751.

\*\*\*\*\*