Giant Lipoma of Neck: Case Report and Literature Review

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Abstract

Lipomas are benign subcutaneous tumors arising from adipocytes. Although they are the most common tumors found in the body, their presentation in the head and neck region is relatively infrequent. Further, the most common site of presentation in the neck is the posterior part. Here, we are presenting a case of a giant lipoma occupying both anterior and posterior triangles of the neck, lying deep to the sternocleidomastoid muscle with retrosternal extension.

Keywords: Case report, Giant, Lipoma, Neck.


Introduction

Lipomas are common subcutaneous tumors of mesenchymal origin that can present in any part of the body. Their presentation in the neck is relatively infrequent. Even when present in the neck, they usually occupy the posterior part of the neck. Here, we are presenting a case of giant lipoma in the anterior part of the neck, which on initial presentation was suspected to be a thyroid enlargement or a malignancy.

Case Description

A 65-year-old man presented to our outpatient department with a progressively enlarging swelling in the neck for the past 6 years. He did not complain of any pain, respiratory distress, or associated comorbidities.

Examination showed a well-defined swelling occupying the anterior triangle and the posterior triangle on the left side of the neck with an extension over the manubrium sterni (Fig. 1). The swelling was soft and non-tender. The overlying skin was slightly stretched and showed patchy discoloration on the anterior surface but was free from the underlying swelling. No neck nodes were palpable.

The thyroid function test was normal. Computed tomographic imaging showed a uniformly hypodense mass with fat density occupying the left anterior and posterior triangles of the neck and passing deep to the sternocleidomastoid muscle. The swelling also had a 3-cm retrosternal extension along with an overlying extension over the manubrium sterni. The underlying thyroid gland and airway were completely normal. Fine needle aspiration cytology from multiple levels of the swelling showed features consistent with lipoma, with no evidence of malignant transformation.

Surgical excision of the swelling was planned through a transverse cervical incision. Gentle traction was applied to free it from its retrosternal attachments and to pull in under the sternocleidomastoid muscle (Figs 2 and 3). The swelling was removed in toto (Fig. 4).

Grossly the tumor was approximately 30 cm in its largest dimension with a weight of 700 gm. Histopathological examination showed features consistent with lipoma. The patient was asymptomatic with no evidence of recurrence at 2 years of follow-up.

Discussion

One of the earliest case reports on a giant lipoma in the neck was by Satyanarayanamurty J. Lipomas, although infrequent in a presentation in the neck, are a source of immense discomfort.
occasionally—both functionally and cosmetically depending on their size and location. Only 13% of lipomas are located in the head and neck region. Most of these are located in the posterior neck. Anterior neck lipomas, although reported, are fewer in number. Reports of giant-sized lipomas are rarer still.

It is important to differentiate the lipomas in the anterior part of the neck from Thyroid swelling. Rarely may it arise from other structures in the neck like the parotid. Extension of such giant neoplasms in other neck spaces should be properly ascertained with imaging so that a proper surgical approach can be planned.

To best of our knowledge, giant lipoma of the neck occupying both anterior and posterior triangles with a retrosternal extension has not been reported in the literature yet. The intraoperative findings in this case were consistent with that of a lipoma. Although it had multiple extensions and no well-defined capsule, it separated easily from the surrounding structures with some traction and minimal dissection. That helped in avoiding damage to any surrounding structures.

The postoperative period was uneventful and the patient was healthy with no evidence of recurrence at 2 years of follow-up. Although techniques like liposuction have been described in the literature as a treatment option for lipomas, a review of the available literature suggests that complete excision is the best option for such cases, even in patients with complicated presentation.

**CONCLUSION**

Lipomas are the most common benign tumors of the body. Still, their presentation in the head and neck region is relatively infrequent. Giant lipomas as presented in this case report should be assessed thoroughly by clinical examination and imaging so as to differentiate them from tumors arising from underlying structures. The best treatment option for these tumors is complete surgical excision.

**REFERENCES**