

Intraoral Fibrolipoma: Report of a Rare Entity

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Abstract

Fibrolipoma is one of the variants of lipoma which shows neoplastic adipocytes embedded within dense collagen. Its occurrence in the oral cavity is very rare and only few cases have been reported in the oral cavity. In this article, we are reporting a case of fibrolipoma involving upper alveolus in a 70 year old male patient.

Key words: Fibrolipoma; Lipoma.

Introduction

Lipomas are the most common benign mesenchymal tumors of soft tissues. It accounts for approximately 16% of all benign tumors. Occurrence of lipoma in the oral cavity is uncommon, comprising only 1-4%. [1] The most common sites of oral lipomas are buccal mucosa, lips, tongue, palate and floor of mouth. The different histological variants of lipomas are fibrolipoma, spindle cell lipoma, intramuscular lipoma, angioliipoma, salivary gland lipoma ,pleomorphic lipoma, myxoid and atypical lipomas.[2] Clinically lipoma appears as a single or lobulated lesion with either a sessile or a pedunculated base.[3] A review of literature indicates that oral fibrolipomas are quite rare.[2]

Case report

A 70 year old male presented with a painless mass in the anterior maxillary alveolar mucosa. The lesion was first noticed about 1 year back

Fig 1: Intra oral photograph showing a firm movable mass of approx. size 3x3x2 cm



which gradually increased in size. His medical health was non contributory and haematologic parameters were within normal limits. Clinical oral examination demonstrated a firm movable mass, approximately 2x1.5 cm in size, covered by smooth normal oral mucosa [Fig 1]. Radiographic examination was within normal limits and did not show any signs of hard tissue involvement [Fig 2]. A differential diagnosis of pyogenic granuloma/fibroma was made and the tumor was excised completely under local anaesthesia. Microscopically, the specimen showed a mixture of mature adipose tissue, including variably sized typical adipocytes, embedded within dense collagen fibres and it is covered by stratified squamous epithelium

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Fig 2: IOPA does not show any signs of hard tissue involvement



Fig 3: Histopathology shows mature adipocytes embedded in dense collagen fibres (H&E-10X)

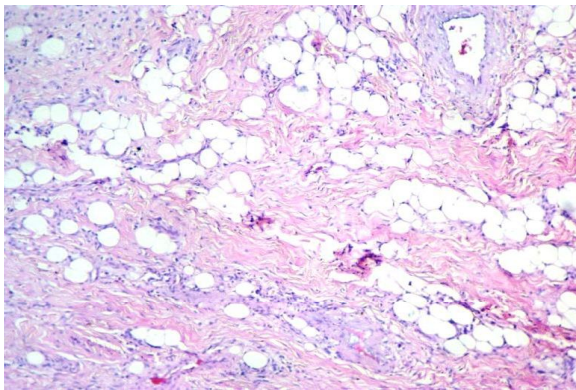
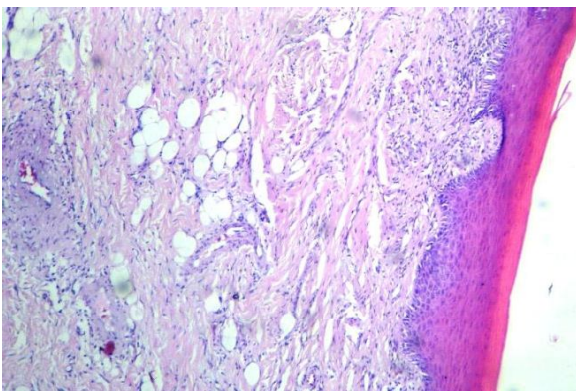


Fig 4: Histopathology shows mature adipocytes embedded in dense collagen fibres covered by stratified squamous epithelium (H&E-10X)



[Fig 3 & 4]. Based on these features a diagnosis of fibrolipoma was given. There was no sign of recurrence and was the patient was asymptomatic at the end of 1 year.

Discussion

The first oral lipoma was described by Roux in 1848 and he referred it to as "yellow epulis." [2] Fibrolipoma is a histological variant of simple lipoma and shows mature adipose tissue interspersed by bands of connective tissue. [2] Though most authors are in the opinion that classic lipoma are the most common histologic type, a few authors have proposed an equiv incidence of lipomas and fibrolipoma. [2]

No consensus exists regarding the pathogenesis of oral lipomas but trauma, infection, infarction, chronic irritation are probable representative theories of its origin. [4] Lipomas show re-arrangement of 12q13-15 or 6p or 13q chromosomes. [3] Microscopically lipomas are indistinguishable from normal fat. Lipomas differ from normal body fat by the fact that their lipid is not available for metabolism and that they are usually surrounded by a thin fibrous capsule. [3,5]

Fibrolipoma should be differentiated from spindle cell lipomas and liposarcomas. Spindle cell lipoma shows spindle cells in fibrous background whereas liposarcoma shows lack of lobular architecture, areas of prominent fibrosis and lipoblasts. In our case, adipose cells surrounded by dense collagenous bundles were seen, consistent of fibrolipoma. The proliferative activity of fibrolipoma is greater than other variants. This indicates the need for accurate histopathologic diagnosis of variants of lipoma which will help to provide successful treatment and preventing any complications. [3] Fibrolipomas are treated by complete surgical excision. The prognosis is excellent and recurrence is rare. [5]

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