

Giant Axillary Lipoma with Ipsilateral Supraclavicular Extension: A Case Report

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Abstract: Lipoma is one of the commonest and most benign of all tumors. It is composed of fat cells of adult type. It can occur anywhere in the body; hence it is called as the universal tumor. But the common sites are subcutaneous tissue of trunk, nape of the neck and limbs. Giant lipomas measure more than 10cm in diameter and are very rarely seen in the axillary region. A case of giant axillary lipoma extending upto the ipsilateral supra-clavicular region in a 35 years old female with symptoms .

INTRODUCTION

Most lipomas are small, weighting only a few grams. They are the most frequent benign mesenchymal tumours with an estimated incidence of nearly 10%¹. Giant lipomas are defined by Sanchez et al as size of at least 10 cm in one dimension or weighs a minimum of 1000 gm.² Most lipomas are small, weighing only a few grams, Aydogdu et al reported the largest tumour, weighing 22.7 kg after surgical removal from scapular region,³ giant lipoma upto 25kg is reported in case of morbid obesity⁴. Most common site of giant lipoma being back and thigh.⁵ Lipomas have been described in internal organs such as liver, lung, kidney, uterus where little or no adipose tissue is present.

An unusual case of giant right axillary lipoma spreading towards ipsilateral supra-clavicular fossa and causing symptoms of brachial root compression.

CASE REPORT

35 years old female housewife came with complaint of lump in the right axilla for 6 months back, she noticed the presence of a lump in the right axillary region. This increased over six months to the size of about 20cm X 10cm X 7.5 cm. she also developed tingling numbness over ulnar aspect of the right forearm. She was diagnosed to have hyperthyroidism for which she was started on antithyroid drugs. She did not have any other significant medical or surgical illness in the past.

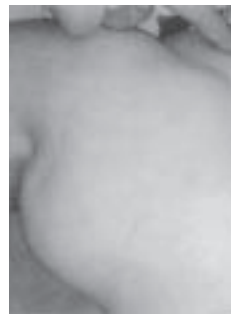
On examination, she had a lump of about 20cm X 10.5cm X 8cm in the right axilla, extending in ipsilateral right supraclavicular region.

The lump was soft in consistency, with positive sign of pseudo-fluctuation and also showing typical cross fluctuation positive, right sided brachial, radial and ulnar pulses were well felt. Power of all the forearm and hand muscles was good (Grade V).

Right axillary lipoma was excised axillary incision under general anaesthesia. The entire lipoma along with supra-clavicular extension was removed en masse. All the nerves and the axillary vein were carefully dissected away from the lipoma and a corrugated drain was kept. The drain was removed on the third postoperative day and the axillary sutures were removed on 10th post operative day. The post operative recovery was uneventful with no nerve pressure symptoms.

DISCUSSION

Considered "one of the most innocent of tumours", lipomas rarely cause symptoms. However, large internal lipomas can produce abdominal pain, kidney failure or other systemic complications and may undergo sarcomatous transformation. In contrast, cutaneous lipomas are primarily a cosmetic problem but occasionally can cause functional limitation or lymphoedema. The axillary region is an unusual reported site for lipomas. This relatively low frequency of axillary lipomas is probably underestimated due to the fact that most of the lipomas of the axilla are more classical in their size and often escape attention. Nevertheless, giant lipomas, in the axilla remain really infrequent.



The mechanism of the uncontrolled growth of such lipomas remains unclear. However, it was proposed that after a blunt trauma rupture of the fibrous septa preventing migration of fat accompanied by tears of the anchorage between the skin and deep fascia may result in local proliferation of adipose tissue to micro traumas with each movement of the upper limb^{6,7}.

The main concern in the diagnostic procedure for huge lipomas should be to rule out malignancy. Fine-needle aspiration cytology, together with ultrasonography, can aid in establishing a preoperative diagnosis. Computed tomography and magnetic resonance imaging scans are well-established methods of diagnosis, giant internal lipomas have been reported to show sarcomatous transformation; however, such a transformation for lesions on other parts of the body is exceedingly rare. Unusually though, these giant lipomas show nerve entrapment and pressure symptoms in affected ipsilateral upper extremity due to pressure on the brachial plexus and its root which is typically shown as tingling sensations initially followed by numbness in the involved region.

Treatment of giant lipoma is complete surgical excision. Recently, suction-assisted lipectomy and liposuction have been reported as effective treatment of giant lipomas⁸. However, large haematomas and recurrence caused by incomplete removal of the neoplasm are possible complications of liposuction in such an indication⁸.

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