Giant Occipito Cervical Lipoma Case Report and Review of Literature

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Abstract
Lipomas are benign tumors composed of adipose tissue. They are almost encountered in the shoulder, back and neck regions. Clinically, they are usually presented as asymptomatic due to their slow growth. Recurrence is very rare after surgical resection. Giant lipoma in the cervical region is rare and thus requiring surgical excision is for esthetic reasons, pain and limitation of neck mobility or problems in daily living. Some of these giant lipomas may become malignant and deteriorate quality of life. In the present study, we report a case of giant lipoma of the neck which was treated surgically with excellent outcome.

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Introduction
Lipomas are the most common benign tumors of mesenchymal origin. They may arise in any location where adipose tissue is normally present but, their occurrence in the head and neck region is relatively rare (13%). Lipomas occur more frequently in adults aged between 50 and 60 years old, but are uncommon in children. So, 5% of lipomas are multiple and more common in young men. Lipomas are slow growing tumors; they are mostly of small size and remain asymptomatic for many years; only a few of them grow to reach an exceptionally large size. A giant lipoma was defined by Sanchez et al [15] as a lesion that measures at least 10 cm in one dimension or weighs a minimum of 1000 g. We report a large lipoma occupying the cervico occipital region in a 50 years old male patient.

Case report
A 50 years old male patient was admitted to our department for the management of huge cervico occipital mass. The history revealed that the growth had been present for 10 years. Our patient had no history as trauma, systemic disease or predisposing factors as obesity. A physical examination revealed a mobile and soft mass in consistency. The surface of the mass was lobulated, and margins were well defined. The skin overlying the lesion was normal. The clinical examination revealed no neurological deficits. Cranio cervical computed tomography revealed subcutaneous neck mass. It is oval in shape, multilobulated, well limited, surrounded by a thin capsule. The mass had a fat density and measured...
120mm X 74mm. The neighbouring muscles and bone were of normal appearance.

**Figure 1**: axial, Coronal and sagittal CT scan show giant cervico occipital lipoma without infiltration of bone and muscle masses.

Patient was operated under general anesthesia in the prone position and the subcutaneous mass was removed totally in “block resection” after a careful dissection of the subcutaneous tissues surrounding the capsule. Hemostasis was performed and drain was placed for two days in order to prevent the accumulation of blood in the operative bed. The patient was discharged on the fourth day and the sutures were removed on the tenth day. Histological examination confirmed the diagnosis of benign lipoma. There was no recurrence in the follow-up period over one year. (Figure 2-4)

**Figure 2**: Giant lipomatous mass over the neck and occipital Area of the head.

**Figure 3**: Intra-operative image showing exposure of the lipomatous mass.

**Figure 4**: Lipoma after the excision.

**Discussion**

Lipoma is a benign tumor of mesenchymal origin that is rarely encountered in the head and neck region (13%). Lipomas are most commonly seen between fifty and sixty years old. They are usually slow growing and only few of them grow to reach a large size, deteriorating the quality of life. Most of lipomas (80%) are less than 5cm with only 1% of them up to 10 cm in size. In the literature [4-14], giant lipomas have been described as measuring up to 10 cm or weighing up to 1000 g. They are generally in the back or posterior cervical region [14-18]. The largest lipoma in the literature was reported in 1894; it weighed 22.7kg and was located on the left scapula of young man [14].

The pathogenesis of Lipoma is still unknown. Subcutaneous lipoma is associated with trauma, obesity or hypercholesterolemia. In our present case, we didn't detect any one of this parameter. Lipomas are usually asymptomatic, but they can cause pain when they are large and press on the sensorial nerves. Our patient had no pain but on the opposite he presents difficulties in moving his neck. In addition to physical examination, imaging assessment is necessary in order to evaluate the nature of the lesion and the surgical planning. Connections with surrounding tissues and bone can be evaluated by CT scan and magnetic resonance imaging (MRI). In our case report, there is no infiltration of muscles or bone.

Malignancy is suspected in case of huge lipomas, superior to 10cm or rapidly growing masses, especially on the head or neck region; biopsy must be performed.

prior to surgery. Presenting sign is first an aesthetic issue. They may also cause functional limitation because of their large size. Our patient required a surgical treatment because of his physical appearance and many problems encountered in his daily living as inability to lie in the supine position, difficulty with dressing and sitting in comfortable position. MRI provides high tumor delineation and better definition of the location, extent of the lesion and detects clearly the limits of tumor with muscles, bone and vessels. Intravenous administration of gadolinium defines the margins of the tumor and can also depict the irregular vascularization if malignancy transformation is considered.

The treatment of choice is surgical resection. Resection may be difficult due to large size and adherence to surrounding tissues as in our present case study. Histopathological examination must be performed carefully in order to perform a good diagnosis. The prognosis is good if the resection is complete. Recurrence is possible in malignant forms and in case of incomplete excision.

Conclusion
Predisposing factors and aetiopathogenetic mechanisms underlying the development of lipomas are still unknown. The diagnosis is frequently based on clinical manifestations. However, a small subcutaneous mass, mobile on underlying spaces and not painful strongly suggests a benign lipoma. This cannot be asserted for a big mass as the one encountered in this patient. In summary, considering the size of the mass, its unusual site and the differential diagnosis with liposarcoma, we considered that the surgical policy is mandatory.

References
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