



## Lingual Lipoma: Rare case reported in Makkah, Kingdom of Saudi Arabia

Abrar Abdrabuh<sup>1</sup>✉, Omar Halabi<sup>2</sup>, Irfan Shaikh<sup>2</sup>

<sup>1</sup>Department of Oral and Maxillofacial Surgery, Al Farabi Medical Collage, Jeddah, Kingdom of Saudi Arabia

<sup>2</sup>Department of Maxillofacial Surgeon, King Abdulaziz hospital, Makkah, Kingdom of Saudi Arabia

### ✉Corresponding author

Department of Oral and Maxillofacial Surgery, Al Farabi Medical College, 23643 Jeddah, Kingdom of Saudi Arabia

Email: Abrar\_abdrabuh@hotmail.com

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### General Note

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### ABSTRACT

Lipoma is common, asymptomatic, and slow- growing benign tumor of mature fat tissues, but it is very rare occurrence in the oral cavity. Here, there is a case report of a 58-years old male patient presented to the maxillofacial surgical clinic with lingual lipoma. A clinical, histological description, and treatment are reported of the lingual lipoma.

**Keywords:** tongue lipoma, benign tumor, Saudi Arabia

## 1. INTRODUCTION

Lipoma is asymptomatic slow- growing benign tumor of mature fat tissues, which varies on its subtypes according to its associated components. According to the World Health Organization classification, lipomas` subtypes are: conventional lipoma, fibrolipoma, lipomatosis of nerve, angioliipoma, and lipoblastoma (Vanhoenacker et al., 2017). Although lipoma is the most common mesenchymal neoplasm, it is varyrare on the oral cavity ranged 1% to 4% (Juneja et al., 2014) and 0.3% of all tongue neoplasm (Srinivasan et al., 2006).

This case report considered as the first case report of lipoma of the tongue in Kingdom of Saudi Arabia. A clinical, histological description, and treatment are reported of the lipoma of the tongue.

## 2. CASE REPORT

A 58-years old male patient presented to the maxillofacial surgical clinic at King Abdulaziz Hospital in Makkah, Kingdom of Saudi Arabia in April 2018 complaining of difficulty in ingestion of food and swallowing due to a swelling in the left side of the tongue. Slowly growing started as small round ball 20 years ago. Patient was a smoker and had bad oral hygiene, but free of systematic diseases and other related family history.

After clinical examination, patient looked healthy with normal general appraisal. There was no associated cervical lymphadenopathy, neither symptoms of weight loss during the last three months. Intra oral examination revealed a solitary, round, soft, sessile, movable mass occupying the lateral left border of the tongue measuring 4 × 3 cm. There was no erythematous, no surface ulceration with a normal mucosal coverage (figure 1). On palpation lesion was well defined with no tenderness, or pus discharge.



**Figure 1** Clinical Presentation: Mass on the Lateral Left Border of the Tongue

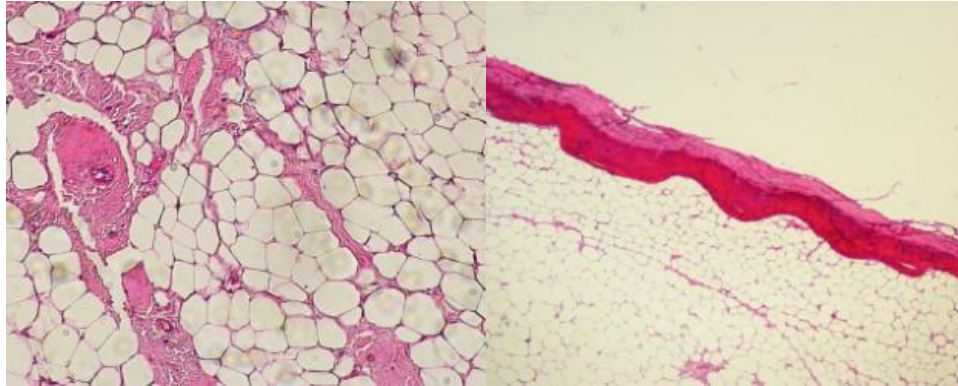


**Figure 2** Mass was Easily to Separate and Retrieved in One Piece 4×3 cm Diameter

Based on the history and the clinical features differential diagnosis were irrigational fibroma, lipoma, mucocele, and vascular lesions, which need to be confirmed by aspiration, and histopathology. Aspiration was done by a large spinal needle, and the result was negative. So vascular lesions were excluded. Patient was consented for the procedure of excisional biopsy. The Procedure was carried out under local anesthesia of 2% lidocaine with epinephrine 1:100,000; left lingual nerve block was given with ring infiltration

around the mass. Local excision was carried out, and mass was easily separated and retrieved in one piece (Figure 2). Hemostasis was achieved and suturing in layers.

Mass was submitted in 10% formalin as a single fragment to the histology department for diagnosis. Microscopical examination of the lesion revealed clear lobules of mature fat cells, which histologically diagnosed as classic lipoma (Figure 3).



**Figure 3** Lobules of Mature Fat Cells

### 3. DISCUSSION

In 1848, Roux described lipoma as a yellowish epulis (Srinivasan et al., 2006). Nowadays, lipoma is defined as a slow-growing benign neoplasm of mature lipocytes that is capsulated by thin fiber (McTighe and Chernev, 2014). It is a common type of benign tumor, head and neck only are affected by 20% of all lipomas, but oral lipoma is considered a rare with incidence rate 1% to 4% and prevalence rate 0.0002% (Juneja et al., 2014). There were only 65 reported cases of lingual lipoma from 1909 up to 2015 (Baonerkar et al., 2015).

Most studies suggested that oral lipoma is mainly found on the buccal mucosa, which is filled with fatty tissue (Devi et al., 2017). In 2012, a Japanese study reported the most common sites of oral lipoma as buccal mucosa (31.8%), tongue (19.5%), and lip (12.6%) (Taira et al., 2012). In 2010, a Brazilian study similarly concluded from 41 cases that the buccal mucosa (53.7%) is the most common area but followed by buccal sulcus (14.6%) then the tongue (9.8%); (Fregnani et al., 2003).

Lipoma is a slow-growing tumor, sessile, round-to-ovoid submucosal nodule, it is usually asymptomatic and clinical features may differ depending on the location of the lesion. Unless the yellow color of the tumor appears through the overlying thin mucosa, diagnosis of these tumors is clinically. Patients of lipoma usually attend either for esthetic or when the size is increased and symptoms of difficulty in eating, speech, and swallowing start (Gnepp, 2009). Studies reported duration period from 6 weeks up to 15 years, also it occurred for 50 years (Furlonget al., 2004). In this case patient stated that the lesion had been there for 20 years.

In this case, diagnosis was confirmed by the lobules of mature fat cells that were seen histologically. However, Lipoma has diverse subtypes that differ on its histological features; classic lipoma, angiomyolipoma, spindle cell lipoma, myxoid, atypical lipomatous tumor, and intra muscular lipoma are mostly occurred. Furthermore, 25 to 40% of lipomas of the tongue are fibrolipoma (Fregnani et al., 2003).

### 4. CONCLUSION

Generally, lingual lipomas are asymptomatic and rarely cause major problem to patients. Such case reports could be an eye opening to other patients with similar conditions, dental clinicians and other authors to come forward, accurately diagnose and treat and share their experience respectively.

#### Declaration of patient consent

Written informed consent was taken from the patient and attendant for surgery and publication of this case report and images

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**Conflicts of Interest:**

The authors declare no conflict of interest.

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