

GIANT LIPOMA OF BREAST: A CASE REPORT

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<p>Article Info Received 15/10/2015 Revised 27/10/2015 Accepted 12/11/2015</p> <p>Key words: Lipoma, breast, Fibroadenoma.</p>	<p>ABSTRACT Lipoma breast is an uncommon entity with a low incidence. The diagnosis may be uncertain on clinical examination and may be confused with any other lesion. Herein we report the case of lipoma breast in a 48 year old female clinically diagnosed as Fibroadenoma, its diagnosis was confirmed on histopathology. Another aim to present this case is also for its classical gross images.</p>
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INTRODUCTION

Lipoma breast is a most common benign mesenchymal tumor of the breast composed of normal fat cells. These are mostly asymptomatic and presents with a painless breast lump.

Aim of the study is to present a case that can be missed easily on FNAC, ultrasonography and mammography but histopathology is diagnostic and also has a rare incidence. Complications are myxomatous degeneration, saponification, calcification, infection, ulceration, & a very limited risk of liposarcoma.

CASE HISTORY

48 yr female presented in our surgical OPD with right breast painless lump since 6 months, lump was gradually increasing in size, axillary lymph nodes were not palpable. Clinically the diagnosis suspected was that of Fibroadenoma. Sonomammography showed a well defined capsulated lesion of mixed echogenicity, which has predominant fat density with few anechoic areas suggestive of necrosis, suggestive of benign lesion? Hamartoma. FNAC was done twice in which microscopy showed only mature adipocytes with no ductal epithelial cells. (FIGURE 1). Lumpectomy was performed, and the specimen was sent to histopathology section of our pathology department.

Histopathologic Features:

Gross Findings:

Specimen showed a single, well encapsulated, yellow soft tissue mass measuring 12x9x5 cm and c/s revealed a circumscribed capsulated yellow greasy mass with few cystic areas with no areas of hemorrhage or necrosis.(FIGURE 2&3)

Microscopy: Sections studied showed sheets of mature adipocytes separated by fibrovascular septae with no evidence of any breast tissue (Figure 4). There was no evidence of any atypia in the tissue examined. Based on these findings diagnosis of Lipoma breast was done.

DISCUSSION

Lipoma of the breast causes diagnostic confusion with other lesions [1]. Investigations like mammography, USG may not be pointing towards the diagnosis of lipoma. [1] Even FNAC is not conclusive.

In our case also clinical examination & sonomammography also suggested the diagnosis of fibroadenoma & hamartoma respectively. Majority of lipomas in breast are small and grow upto 10 cm in size. [2] Giant breast lipoma is characterized by a lesion of at



least 5 cm in one dimension and weighs more than 500 gm [3].

Our lesion was measuring 12x9x5 cm and weighs 300gm, based on these criterias our lesion also falls into the category of giant lipoma. Breast lipoma occur most

commonly in post-menopausal women [4] our lesion was seen in 48 yrs of female Lipoma breast carry very low risk of malignant transformation but it is surgically significant as it causes breast asymmetry.

Figure 1. Pap Stain 40x Showing Lipoma

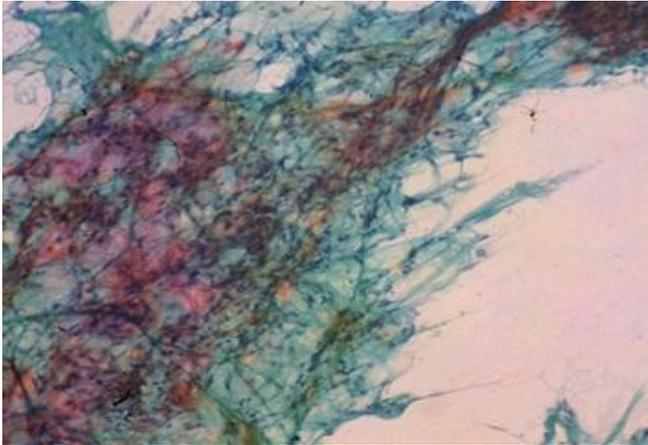


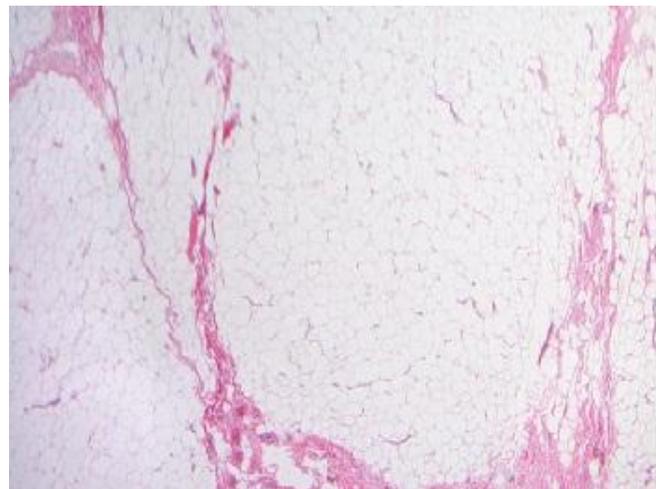
Figure 2. A single, well encapsulated ,yellow soft tissue mass measuring 14x10x7cm



Figure 3. C/S shows a well circumscribed capsulated yellow greasy mass. Few cystic areas seen. No areas of haemorrhage or necrosis seen.



Figure 4. H&E stain 40x showing Mature adipocytes separated by fibrous strands.



CONCLUSION

Moreover Lipomas can relapse, hence long term follow up is advised. Thus we conclude by mentioning that though breast lipomas carry good prognosis, follow up is necessary and histopathology has a significant role in its evaluation.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

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