

Transabdominal wall lipoma

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DESCRIPTION

A 60-year-old man presented with a painful, enlarged palpable mass in the left iliac fossa. A CT scan of the abdomen and pelvis demonstrated a large heterogeneous mass extending through the abdominal wall musculature (figure 1), which was suspected to be an atypical lipomatous tumour (ALT) or well-differentiated liposarcoma (WD-LPS).

Intraoperatively, a large firm lipomatous mass was noted in close proximity to the left spermatic cord. It extended into the retroperitoneal space and transgressed the internal oblique to lie deep to the external oblique aponeurosis, adopting an unusual 'dumbbell' shape. Due to clinical uncertainty as to whether the mass was simply in close proximity to the spermatic cord or a cord liposarcoma, a left radical orchidectomy was performed en bloc with the tumour.

Lipomas are the most common soft tissue mesenchymal tumour,¹ and are histologically benign. It is highly unusual for them to pass through tissue planes. Lipomas lack MDM2 amplification on cytogenetic testing; unlike ALTs and WD-LPSs which are locally progressive, have a propensity to recur and require specialist management. The terms ALT and WD-LPS are synonymous as these tumours are

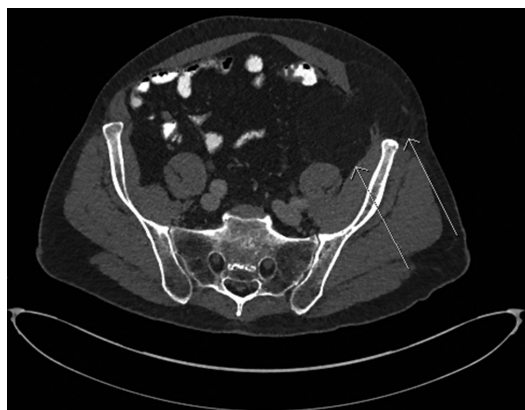


Figure 1 Lipoma passing through the abdominal wall musculature.

Learning points

- ▶ Lipomas are the most common soft tissue mesenchymal tumour and are typically <10 cm in diameter.
- ▶ The terms well-differentiated liposarcoma and atypical lipoma are synonymous.
- ▶ Lipomatous lesions which are >10 cm in the extremity, intramuscular or deep seated must be referred to a specialist unit for management.

morphologically and karyotypically identical.¹ ALT describes lesions in superficial sites and extremities² which are more amenable to complete surgical resection with a wide margin. WD-LPS describes lesions arising in the retroperitoneum, mediastinum and deep pelvis—locations that are less amenable to radical excision due to surrounding structures. Nagano *et al*² have devised a scoring system to differentiate lipomas and ALTs using MRI characteristics: diameter, depth, septa and fat saturation enhancement. The system appears promising, but requires further validation.

Contributors The patient was admitted under SJF who was assisted by ATT in drafting the article. AD and DG revised the article and were also heavily involved in managing the patient.

Competing interests None declared.

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REFERENCES

- 1 Fletcher CDM, Unni KK, Mertens F. *World Health Organization classification of tumours. Pathology and genetics of tumours of soft tissue and bone*. Lyon: IARC Press, 2002.
- 2 Nagano S, Yokouchi M, Setoguchi T, *et al*. Differentiation of lipoma and atypical lipomatous tumor by a scoring system: implication of increased vascularity on pathogenesis of liposarcoma. *BMC Musculoskelet Disord* 2015;16:36.

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