BMJ Case Reports

Images in...

Natural history of a giant abdominal lipoma

Paula S Azevedo,[1] Bertha Furlan Polegatto,[1] Luis Felipe M Gradella,[2] Marina P Okoshi[1]

[1]Department of Internal Medicine, Botucatu Medical School, UNESP, Botucatu, Sao Paulo, Brazil;
[2]Department of Radiology, Botucatu Medical School, UNESP, Botucatu, Sao Paulo, Brazil

Correspondence to Dr Marina P Okoshi, mpoliti@fmb.unesp.br

DESCRIPTION

A 79-year-old woman was hospitalised for ischaemic stroke. She had 20 years history of a progressive abdominal enlargement. Ten years earlier abdominal CT had shown a giant abdominal lipoma. At that time she declined surgery. Physical examination revealed aphasia, right hemiparesis and massively enlarged abdominal volume (figure 1). Ischaemic stroke was diagnosed and confirmed by cranial CT. A new abdominal CT (figure 2) with patient in left lateral decubitus revealed a huge hypodense retroperitoneal mass with soft tissue attenuation (A). Right kidney (B) was displaced to the left side of the abdomen and vena cava (C) was in front of the aorta (D). Biopsies from three different areas of the mass showed mature fat cells with no malignant cells. Surgery was refused by the patient and her relatives. The hypothesis of lipoma has been confirmed by the long medical history and laboratory tests. Lipomas are benign tumours and the most common human mesenchymal neoplasia, with an estimated incidence of 10%.[1] They often present slow growth and small size. Nevertheless, they can achieve larger sizes.[2] To be considered a giant lipoma, the tumour has to be at least 10 cm in diameter or weigh above 1000 g.[3] Patients with small giant lipoma are usually asymptomatic. However, as the tumour grows, it may cause compression symptoms. The key teaching element of this case relates to the importance of surgically resecting asymptomatic lipomas. Although considered a benign tumour, the massive untreated lipoma has certainly jeopardised the patient quality of life.

Learning points

- Although being benign tumours, lipomas can grow and reach large sizes.
- As long known, giant lipomas should be surgically ressected.

Figure 1 Increased abdominal volume.

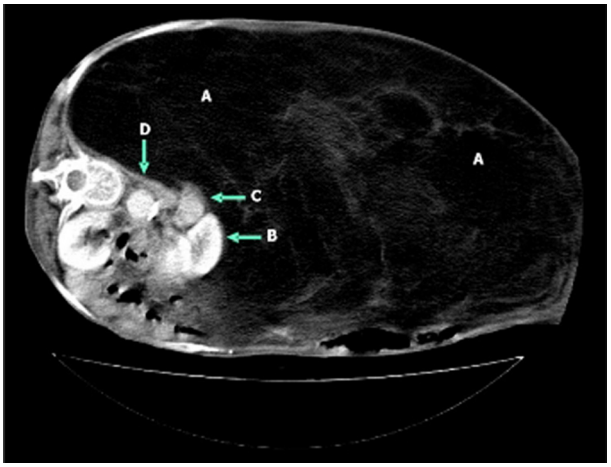

Figure 2 Abdominal CT with patient in left lateral decubitus showing a huge retroperitoneal mass with soft tissue attenuation (A). Right kidney (B) is displaced to the left side of the abdomen, and vena cava (C) is located in front of the aorta (D).

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Cavazzola LT,** Lieberknecht M, Machado AS, *et al*. Giant lipoma of the spermatic cord. *Am J Surg* 2009;**198**:e54–5.
2. **Kaczynski J,** Hilton J. Giant lipoma of the small bowel associated with perforated ileal diverticulum. *BMJ Case Rep* 2012;doi:10.1136/bcr.12.2011.5299.
3. **Sanchez MR,** Golomb FM, Moy JA, *et al*. Giant lipoma: case report and review of the literature. *J Am Acad Dermatol* 1993;**28**:266–8.