Twin pedunculated intraoral submucosal lipoma

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DESCRIPTION

Lipomas are well-circumscribed benign tumours and represent the most common mesenchymal neoplasm.¹ Though commonly seen over trunk, shoulders, neck and axilla, it is very rare in the oral cavity.² Although the aetiology and pathogenesis of lipomas is not well known, lipomas are thought to arise due to obesity or local growth of adipose tissue, hormonal influence during adolescence or due to chronic irritation. We describe a case of a young patient who noticed two swellings intraorally in the cheek. The patient gave a history of gradual growth of the swellings over a period of few months. They were asymptomatic, and only recently started interfering during mastication. Intraoral examination revealed two pedunculated intraoral submucosal lipomas in the right posterior buccal mucosa, having a yellowish colour, smooth surface and intact overlying epithelium (figure 1). A small erythematous area just adjacent to the molar was evident, probably due to trauma. The mobile submucosal swellings were soft and compressible, but non-tender and non-fluctuant on palpation, the larger of the two measuring about 4×3×3 cm and the smaller one about 2.5×3×2.5 cm. No localised lymph node swelling was evident.

The two pedunculated growths were resected with simple excision under local infiltration anaesthesia. Histopathological examination of the excised tumours showed adult fat tissue cells

embedded in a stroma of connective tissue and surrounded by a fibrous capsule, confirming the diagnosis of lipoma. Surgical excision of lipomas is the suggested treatment modality and, if adequately resected recurrence, is rare.³ Clinical awareness in diagnosis of intraoral soft tissue lesions is important as they can also be malignant, mesenchymal or salivary gland tumour.

A dental surgeon should be able to diagnose lipomas in an early stage in the maxillofacial area avoiding a massive growth of these lesions. It will be essential to prevent any aesthetic and functional disturbances in patients. An adequate treatment and postsurgical follow-up in lipomas are fundamental to re-establish the region and monitor any possible chances of recurrence.

Learning points

- ▶ Other connective tissue tumours such as granular cell tumour, neurofibroma, traumatic fibroma and salivary gland lesions should be included in differential diagnosis, especially if the lipomas are larger than 3 cm in diameter.
- ▶ If the lipomas are not very yellow in colour, but appear pinker, chances are they are infiltrating or deep lipomas, which are more likely to recur, probably due to the difficulty of complete surgical removal. A CT scan will be a useful aid in surgical planning.

Competing interests None.

Patient consent Obtained.

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Figure 1 Intraoral photograph.

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