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# A Neglected Giant Lipoma of the Left Flank: A Case Report

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**ABSTRACT:**

Lipomas are common benign fatty tumors that grow slowly. Giant lipomas, measuring more than 10 cm, are rare and sometimes may cause cosmetic concerns or be confused with malignant tumors. A 60-year-old woman presented to the surgery clinic with complaints of a painless swelling over her left flank that had gradually increased in size over 20 years. On examination, a 11 cm × 10cm × 6 cm mass was measured, which was soft, mobile, and non-tender. Ultrasonography showed an encapsulated fatty mass, and Fine Needle Aspiration Cytology (FNAC) confirmed a benign lipoma. A complete surgical excision of the lipoma was performed. Recovery was uneventful, and the patient was discharged on the second postoperative day. They are uncommon and may remain unnoticed for many years. Therefore, a careful examination is necessary to exclude malignancy. Complete excision of the benign lipoma is a safe and effective treatment modality with excellent outcomes and low risk of recurrence.

**Keywords: Benign tumor; Flank swelling; Giant lipoma; Surgical excision.**

## INTRODUCTION:

Lipoma is a common benign mesenchymal tumor composed of mature adipose tissue. It most often presents as a soft, painless, slow-growing, mobile subcutaneous swelling and can occur wherever fat is present in the body.[1-3] Although most lipomas are small and asymptomatic, giant lipomas measuring more than 10 cm or weighing over 1000 gm are rare and can cause cosmetic deformity, pain, sleep disturbances, nerve compression, and pressure effects on adjacent organs.[2,3]

Lipomas are most frequently seen in adults between 40 and 60 years of age, but are rare in children.[4] The severity of cases depends on the size and site of the mass and on local pressure complications.[5,6] This case aims to highlight the complex presentation of giant lipoma and to confirm that surgical excision is the gold standard of its management.

## CASE REPORT:

A 60-year-old woman came to the surgical outpatient clinic with a complaint of a swelling over her left flank. Clinical examination revealed a mass measuring approximately 11 cm × 10 cm × 6 cm. According to the patient, the swelling initially appeared as a small lesion of around 2 cm × 2 cm nearly two decades earlier and had progressively enlarged over time to reach its current size. The swelling was predominantly painless and was not associated with any additional symptoms. She denied a history of trauma, similar swellings elsewhere in the body, fever, weight loss, or night sweats. The patient was neither a smoker nor an alcohol consumer and did not experience any limitation in routine daily activities or posture-related difficulties. There was no family history suggestive of lipomatosis or hereditary neoplastic disorders. Despite the absence of functional impairment, the patient reported feeling socially uncomfortable and distressed because of the cosmetic deformity and gradual increase in the size of the swelling. On examination of the left flank, the mass was well-defined, freely

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mobile, non-pulsatile, non-fluctuant, and non-tender, with slipping margins on palpation. With these findings, a benign soft tissue tumor (giant lipoma) of the left flank was diagnosed (**Fig. 1**). Genetic testing was not performed because of the lesion's benign features.

The ultrasonography (USG) of the swelling revealed an encapsulated mass of size 10.3 cm x 7.6cm x 3.5 cm in the subcutaneous plane on the left flank. There was no calcification with minimal or no vascularity on the Doppler. MRI was advised to rule out malignancy, but the patient denied it because of financial issues. Fine-needle aspiration cytology (FNAC) of the mass demonstrated mature adipocytes with large, abundant cytoplasm and peripherally pushed nuclei. There was no cellular atypia or malignancy. Cytomorphology features suggestive of Lipoma. The case was managed by complete excision of the lipoma by an elliptical incision made on the skin, and the tumor was completely removed.

The tumor was separated from underlying tissues by sharp dissection, and the feeding vessel in the pedicle was carefully tied and cauterized during the surgery. Finally, the tumor was removed in a single piece measuring 11cm x 10 cm x 5cm (**Fig.2**). An electrocautery was used to ensure hemostasis. The postoperative period was uneventful, and finally, the patient was discharged on the second postoperative day and was asked to follow up on the seventh postoperative day.

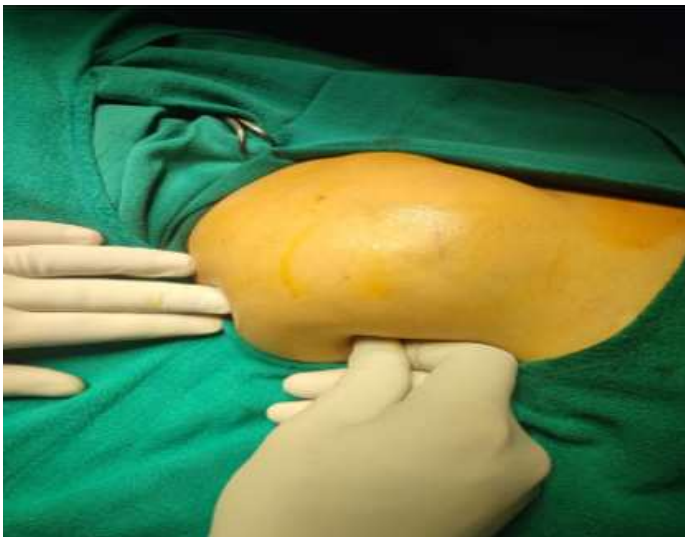


**Fig.1***: Giant lipoma of the left flank.*

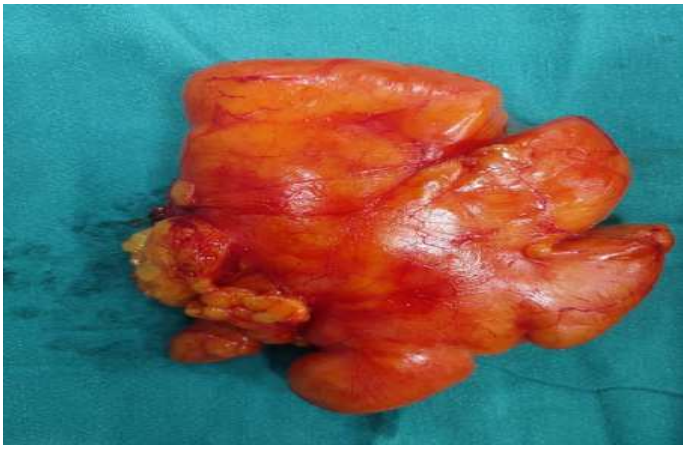


**Fig. 2***. Specimen showing neglected giant lipoma of the left flank measuring 11cm x 10 cm x 5cm.*

## DISCUSSION:

A lipoma is one of the most common soft tissue benign tumors, likely to be present in the age group 40-60 years, and mostly seen in females rather than males.[7,8] They have mostly a diameter of about two cm and rarely grow beyond 10 cm.[9] Usually, a giant lipoma is defined as a mesenchymal soft tissue tumor which is more than 1000 gm or a diameter of more than 10 cm.[7-10]

Lipomas are usually considered benign cosmetic lesions that are mostly neglected by most of the patients in their lives. As their size increases, they may occasionally produce functional limitations or compressive symptoms because of their mass effect. Rarely, lipomas arising in proximity to motor nerves may cause neuromuscular dysfunction of the affected extremity.[2] Mostly, lipomas are common benign fatty tumors, while liposarcomas are very rare. Thus, malignant transformation of a lipoma is considered to be uncommon.[3] Any soft tissue mass that is larger than 5 cm should always be considered potentially malignant until proven otherwise, and surgery is the best choice for treatment for giant lipomas because masses larger than 5 cm tend to undergo malignant transformation.[4]

In our case, we found that the tumor was more than 10 cm, and FNAC as well as MRI were advised. However, since the patient was non-affording, she did not undergo an MRI. Only FNAC was carried out to confirm its benign nature. As we know, Fine Needle Aspiration Cytology (FNAC) is a simple, quick, and cost-effective test for diagnosing lipomas, with high accuracy (sensitivity 96% and specificity 98%).[1,2] Ultrasonography (USG) is the routine imaging method used for the evaluation of lipoma, whereas Magnetic Resonance Imaging (MRI) is mostly done only when there is a suspicion of malignancy, especially in cases of large or giant, rapidly growing, painful, immobile, or fixed masses. Traditionally, surgical excision is the treatment for lipomas. Nowadays, liposuction is being used for giant lipomas because of its cosmetic benefits, but it carries a risk of incomplete removal as well as recurrence.[1-3] The recurrence rate is very low after complete excision.[4]

## CONCLUSION:

Giant lipomas of the flank are uncommon benign soft tissue tumors, and they may remain unnoticed for a long time because of their slow-growing nature and lack of life-threatening symptoms. Although they are benign, large soft tissue masses should be carefully noted and evaluated to exclude malignancy. In our case, clinical examination, ultrasonography, and FNAC were sufficient to establish the diagnosis as a benign tumor, and after complete surgical excision, there was an excellent outcome without any complica-

tions. Overall, our case highlights the need for timely evaluation and surgical management of giant lipomas, especially when they cause cosmetic concerns or continue to increase in size beyond their normal size.

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