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Palmar giant lipoma: A case report

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Abstract

Lipomas are the most common adipose soft tissue tumours. They are called “giant” when the excised piece exceeds 5 cm in diameter. This observation concerned a 55-year-old right-handed patient who consulted for the management of a right palmar mass that had been evolving for more than ten years. Excision of the mass was carried out. The postoperative course was uneventful, with wound healing by first intention. She was referred to physiotherapy for a complete functional recovery of the fingers. Histopathology conclusively showed it to be a conventional lipoma.

Keywords: Lipoma, giant, palmar, hand, excision

Introduction

Lipomas are the most common fatty tumours of soft tissues ^[1]. They are called “giant” when the excised piece exceeds 5 cm in diameter ^[2]. They are rare in hand and constitute only 1 to 3.8% of benign tumours of the latter ^[3]. This observation concerned a palmar localization of a giant lipoma in a 55-year-old right-handed patient.

Clinical case

This was a 55-year-old right-handed patient, known to be hypertensive but poorly followed, who consulted for the management of a right palmar mass that had been evolving for more than ten years.

Clinically, she was in good general condition. On the right palm, there was a mass of soft consistency, not very mobile in the superficial and deep planes, painless on palpation, and measured 6.8 cm on the long axis and 6.2 cm on the short axis [Figures 1 A and B]. The overlying skin was healthy. There was no satellite axillary lymphadenopathy or neurovascular disorders. Elsewhere there were no special features. We performed the X-ray of the hand and a scan, which evoked aspects in favour of a benign subcutaneous lipoma of the right hand, measuring 7cmx 6cm [Figures 2 C and D].

Under general anaesthesia, we excised the mass one piece and resected the excess skin, followed by closure of the wound in two planes [Figures 3 E, F, G and H]. The postoperative course was uncomplicated. After the wound had healed, the patient performed ten massage sessions for the functional recovery of the fingers. The part sent for histopathology was conclusively reported as a conventional lipoma with macroscopy (a fragment weighing 100 g measuring 12x8x5cm yellowish, firm with a smooth encapsulated surface. When cut, the slices of the section are homogeneous yellowish) and microscopy (a benign tumoral proliferation formed of mature adipocytes grouped in voluminous lobules separated by delicate connective-vascular septa. This tumour is circumscribed by a fine fibrous capsule) [Figures 4 I and J].

Discussion

Lipomas are benign tumours made up of mature fat ^[4]. They are of extraneural origin and represent approximately 16% of mesenchymal tumours ^[5]. Its location in hand is rare. They are qualified as “giants” when the excision piece exceeds 5 cm in diameter ^[2]. Mc Eney ^[6] described the first-hand lipoma case in 1959. Generally, they are found in the palms and palmar surfaces of the fingers ^[6]. Although encountered at any age, the preferred age remains the fifth and sixth decades of life, as in our patient.

Clinically, cutaneous lipomas present in the form of a firm, elastic, compressible subcutaneous mass, mobile about the deep plane, generally painless and progressively increasing size; the surrounding skin is generally of normal appearance.

However, their mobility relative to planes depends on their location. Given the volume of the mass and the narrowness of the spaces of the hand, we found that the mass could have been more mobile.

Radiological investigations establish the diagnosis of lipoma in 71% of cases [7]. Computed tomography and predominantly magnetic resonance imaging (MRI) help evaluate these lesions [8].

MRI is the reference examination for soft tissue tumours because of its high sensitivity. It specifies the nature of the lesion, its local extension and its relationship with the neurovascular elements.

However, ultrasound and MRI are the main diagnostic examinations. They were however not performed on our patient.

The differential diagnosis arises with other soft tissue tumours such as ganglion cysts, giant cell tumours, myxomas, angioliomas, intraneural lip fibroma and liposarcoma [9].

Be that as it may, histology remains and remains the diagnosis of certainty. It makes it possible to find the classic aspects of a conventional lipoma and distinguish it from malignant forms.

Therapeutically, marginal excision is the treatment of choice for benign lipomas. Identification and dissection of neurovascular elements must be carefully done to avoid iatrogenic injury. The excision must be as complete as possible in order to minimize the risk of local recurrences. That said, these remain exceptional [10].

Iconographies



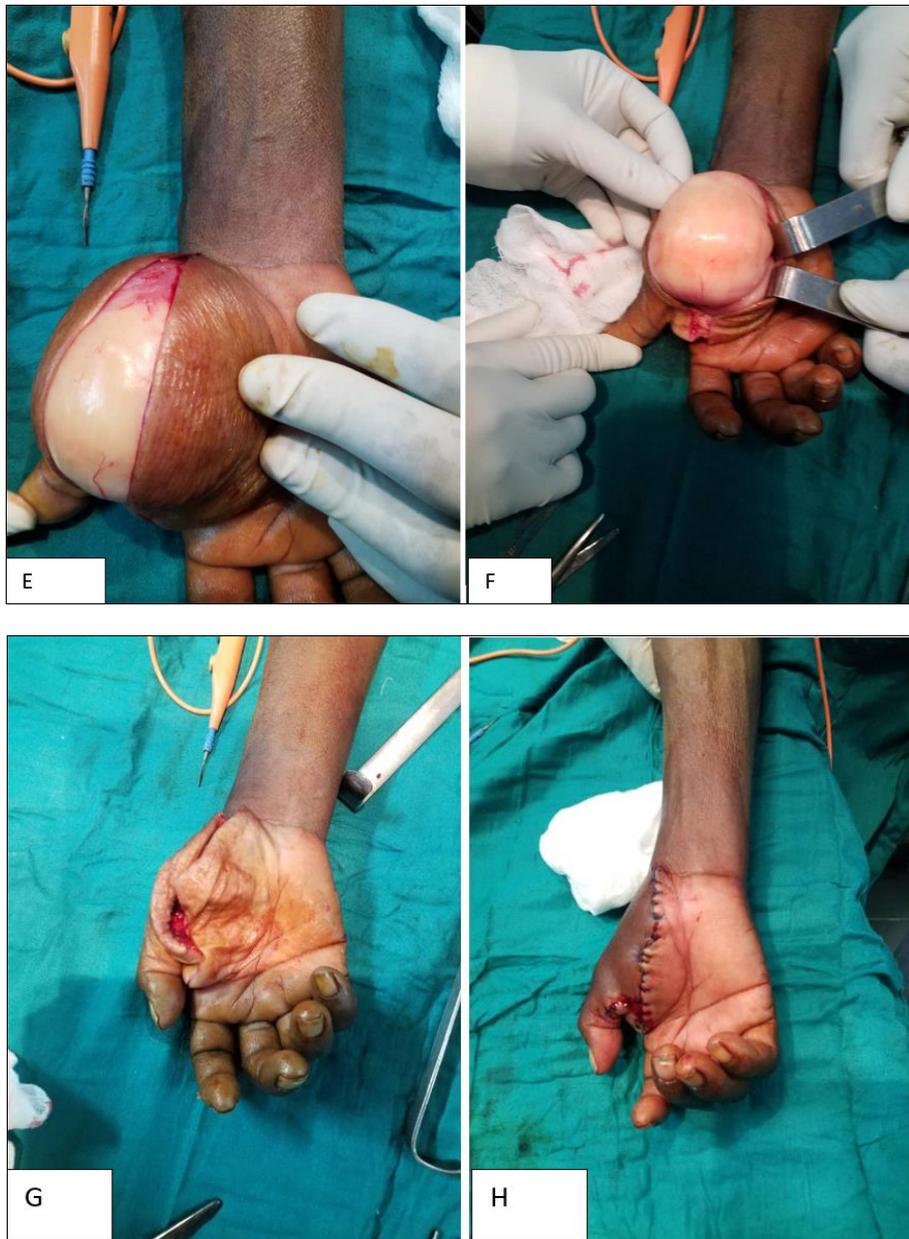
A= side view of the mass, B= front view of the mass

Fig 1: Preoperative images of the mass



C= x-ray of the mass, D= the scanner of the hand, which shows the contours and the fatty aspect of the mass.

Fig 2: Mass Imaging



E= longitudinal incision of the skin of the mass, F= exposure of the mass
G= excess skin after removal of the mass, H= appearance of the palm after closure.

Fig 3: Mass excision steps



I= macroscopic appearance showing homogeneous yellowish slices,
J= microscopic appearance showing mature adipocytes grouped into voluminous lobules separated by delicate connective-vascular septa.

Fig 4: The pathological appearance of the mass

Conclusion

Lipomas are the most common mesenchymal tumours. Their occurrence in the hand is rare. Clinical examination

and imaging allow us to suspect the diagnosis. Histopathology gives us diagnostic certainty. Total excision

of the tumour is the treatment of choice. Although chances of recurrence remain, it is exceptional.

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