

Intraoral Lipoma of Retromolar Area: A Rare Lesion at an Unusual Location

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ABSTRACT

Background: Intraoral lipoma is a benign growth made up of fully developed fat cells (adipocytes). Lipoma in the maxillofacial area is not very common, and it is even more uncommon in the retromolar region. In this report, we discuss a case of lipoma inside the mouth in the retromolar region of a 65-year-old man along with a review of literature.

Keywords: Adipocytes, lipoma, retromolar region.

INTRODUCTION

Lipomas may occasionally enlarge, especially from the buccal fat pad as pliable, occasionally yellowish growths, which may have a stalk. They grow gradually and do not cause any symptoms unless bitten or become noticeable due to their size.¹

Lipoma is an uncommon oral tumor, although it is commonly found in other regions, especially in the subcutaneous tissues of the neck.²

The oral lipoma has been documented in people ranging from 6 weeks old to 75 years old, with the typical age being around 50 years old and with a roughly equal distribution between genders. The inner cheek lining and the fold where the inner cheek meets the gums are the most frequent locations, followed by the tongue, the area under the tongue, and the lip.

Uncommon or even uncommon locations have been documented such as the language, soft palate, alveolar ridge, mental area, and retromolar area.³ Since pain is not a sign, patients may not be conscious of the lesions; but those who are aware

report a gradual-growing lump that may have existed for 1 month to 30 years.⁴

CASE REPORT

A 65-year-old male patient reported with the complaint of swelling in the left retromolar region. On intraoral examination, a well-defined, single, soft, pedunculated, fluctuant and non-tender swelling was noticed in the left retromolar region distal to 28. The swelling measured 3x2 cm in diameter. The overlying mucosa was normal. The surface of the swelling was pinkish in color [Figure 1,2]. The swelling interrupts normal oral functions. In keeping with the above findings, a provisional diagnosis of irritational fibroma was made, while lipoma, pyogenic granuloma, peripheral giant cell granuloma was considered as differential diagnosis. Routine blood and radiological tests were performed, but failed to reveal any significant findings and confirmed that blood parameters were within normal limits.

Surgical excision of the lesion was done under local anesthesia. No postoperative complications

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occurred. It was noted that when the specimen was placed in formalin, it floated on the surface, suggesting the lesion might be lipoma.



Figures 1, 2: Intraoral lipoma occurring in retromolar area.

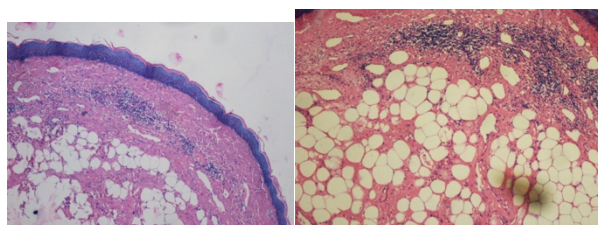


Figure 3, 4: Histopathologically lipoma shows mature adipocytes in the connective tissue.

On histopathological evaluation, the specimen shows superficial para keratinised stratified squamous epithelium and central connective tissue shows sheets of mature adipocytes admixed with thin collagen streaks and blood vessels. Based on these histopathological features, intraoral lipoma was confirmed [Figure 3, 4]. The patient was recalled after a week, and the surgical site showed adequate wound healing.

DISCUSSION

Lipomas are frequent growths in the human body, intraoral lipomas are extremely uncommon in prevalence, making up no more than 1-5% of benign tumors. The first documentation of intraoral lipoma was provided by Roux in 1848, and he referred to this abnormality as a "yellow epulis".^{5,6,7}

Oral lipomas are commonly observed in the buccal mucosa (37.9%), floor of the mouth, and tongue (24.2%). The intraoral lipoma originating in the retromolar area (4.2%) is a rare occurrence, as documented in this particular instance.^{1, 6}

Lipomas are benign, innate growths caused by multipotent cells of embryos that remain clinically dormant until they transform into adipose cells due to hormonal influence during puberty. Nevertheless, in certain instances, injury and persistent inflammation can stimulate the growth of connective tissue and contribute to the formation of a lipoma.⁵

It is typically simple to diagnose lipomas based on the macroscopic appearance except when they are located deeply. The histopathologic differential diagnosis includes fibroma, leiomyoma, pleomorphic adenoma in a minor salivary gland, papilloma, epidermoid cyst, and others. On histopathologic examination, fibromas have a nodular mass of fibrous connective tissue covered by layered squamous epithelium. Leiomyomas are well-defined tumours that consist of interlacing bundles of spindle-shaped smooth muscle cells. The nuclei are elongated, pale staining, and blunt ended. Pleomorphic adenomas are usually well-defined, encapsulated tumours. However, the capsule may be incomplete or show infiltration by tumour cells. This lack of complete encapsulation is more common for minor gland tumours, especially along the superficial aspect of palatal tumours beneath the epithelial surface. Papillomas are characterized by a proliferation of keratinized layered squamous epithelium arranged in finger-like projections with fibrovascular connective tissue cores. Epidermoid cysts have a cavity lined by layered squamous epithelium resembling the epidermis. A well-developed granular cell layer is seen, and the lumen is filled with degenerating ortho keratin.³

Variants of lipoma include solitary lipoma, Multiple lipomas, Angiolipoma, Spindle cell lipoma, Pleomorphic lipoma, Intramuscular lipoma, Myelolipoma and Angiomyolipoma. The present case is a type of simple solitary lipoma existing in an unusual location in the oral cavity i.e, the retromolar area.⁴

Complete surgical removal is the primary treatment for lipoma. There is no reappearance after sufficient removal. Injectable corticosteroids are utilized to control soft tissue lipoma, which can result in the wasting away of the fatty tissue and decrease the dimensions of the growth.⁴ Recurrence rate has

been reported to be less than 5%. Malignant transformation does not occur commonly.⁶

CONCLUSION

Intraoral lipomas are an uncommon occurrence that may only be detected during regular dental check-ups. The majority of them seldom induce pain, leading to a delay in seeking medical attention. The patient's worries may pertain to appearance or uneasiness. It is obligatory for a medical professional to identify intraoral lipomas using up-to-date diagnostic techniques and treat them with caution to minimize any discomfort. Novel noninvasive treatment options are currently being tested and may be incorporated into standard practice in the near future.

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