A Huge Lipoma of the Floor of the Mouth: An Unusual Case Report

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Lipomas of the oral cavity are not uncommon, but its location in the floor of the mouth is a rare entity. They are soft tissue mesenchymal neoplasm's of mature adipose tissues. Its overall incidence of occurrence in the oral cavity is 1-5% of all benign oral lesions. Oral lipomas can occur at various anatomic sites, including buccal mucosa, tongue, major salivary glands, and floor of the mouth. Although benign in nature their progressive growth may cause interference with speech and mastication due to the tumors’ dimension. In this article, the author reports an unusually large lipoma occurring in the floor of the mouth in a 44-year-old female patient. The present case is worth presentation considering the relative rarity with respect to the location and the size of the lesion.

Keywords: Floor of the mouth, Lipoma, Tumor

INTRODUCTION

Lipoma, a common soft tissue tumor is a slow-growing benign mesenchymal neoplasm composed of mature adipocytes, surrounded by a thin capsule. It comprises of no more than 1-5% of all benign neoplasm’s of the oral cavity. Around 50% of the lesions are found in the cheeks and the remaining under the tongue, floor of mouth, palate, gingiva, and lips. They have no gender predilections, but some studies have shown male predominance. They usually occur in the 4th-5th decade of life. Microscopically they can be classified as classical lipoma, fibrolipoma, angiolipoma, spindle cell lipoma, pleomorphic, sialolipoma, myxoid, and atypical lipomas.

Review of Literature
The floor of the mouth is one of the noblest areas of the oral cavity since it shows rich vascularity and proximity to the sublingual gland, the submandibular gland duct and the lingual nerve. Most of the reports in the literature reviewed are of the isolated cases with the size ranging from 0.3 cm to 5 cm (mean size 2.1 cm). Reports of the lipoma greater than this size in the floor of the mouth have rarely been reported in the literature. Cecchetti et al. in 2010 retrospectively analyzed 2098 patients from 1998 to 2008 to find out the incidence of lipoma of the oral cavity. They recorded 14 patients with the lipoma in the floor of the mouth (9 women and 5 men). They concluded that the incidence of the lipoma of the oral cavity in the sample they examined (2098 subjects) was 0.67%. Manor et al. in 2011 reviewed data of 58 patients with oral lipomas. They recorded 6 patients of the lipoma of the floor of the mouth.

CASE REPORT

A 44-year-old female patient reported with the complaint of swelling and discomfort in the floor of the mouth since 8 months (Figure 1). The swelling was not associated with pain, bleeding, discharge or draining sinus although it was shown to cause discomfort with tongue movements during swallowing, eating, and drinking, however, the speech was unaffected. The patients’ past medical history was not significant. All the routine hematological parameters were within normal limits. An ultrasonography was suggestive of a soft tissue lesion in the floor of the mouth. A provisional diagnosis of lipoma was made. Magnetic resonance imaging (MRI) examination revealed well defined lobulated signal intensity area with smooth outline seen along the floor of the mouth, deep, and anterolateral to the omohyoid muscle suggestive of lipoma of floor of the mouth (Figure 2). Extraoral examination revealed non-tender, soft, fluctuant, and mobile compressible swelling measuring 2 cm × 2 cm
in the submental region. Submandibular lymph nodes were not palpable. Intraoral examination showed a 2 cm × 2 cm ovoid swelling in the floor of the mouth crossing the midline of the ventral surface of the tongue. The color of the lesion was yellowish white and the consistency was doughy. Bimanual palpation showed swelling to be freely mobile and fluctuant. The tongue movements were found to be within normal limits and the taste and somatic sensations were still intact. Surgical excision of the lesion was carried out intra-orally under general anesthesia. A mucosal incision was made over the lesion. The lesion was carefully dissected out in toto (Figure 3). Postoperatively there was no noticeable loss of any of the functions of the tongue or salivary gland or duct. Macroscopically, it was a yellowish, lobulated, well-demarcated mass measuring approximately 7 cm × 2 cm × 1 cm (Figure 4). The specimen was buffered in 10% formalin and sent for histopathological study, which concluded it as “classical lipoma.”

**DISCUSSION**

Lipomas are the most common mesenchymal tumors, especially in the trunk and proximal portions of the extremities, but they are rare tumors of the oral cavity. The present case is an extensive case of lipoma in the floor of the mouth.

Connective tissue lesions such as granular cell tumor, neurofibroma, traumatic fibroma, and salivary gland lesions might be included in the differential diagnosis. The mean size reported in the literature is 20 mm. In our case, the size of the lesion was 7 cm × 2 cm × 1 cm, which is unique considering the size and location of the lesion. The surgical treatment for lipomas is an excision of the lesion along with its capsule. Recurrence is reduced by wide local excision. Infiltrating lipomas are difficult to extirpate and liable to recur. Clinical examination should be correlated to radiological and histopathological examination to confirm the diagnosis and thus prognosis. Histological examination remains the gold standard in the diagnosis of lipoma. A pre-

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**Figure 1:** Pre-operative intraoral view of the lesion

**Figure 2:** T1 Weighted image (sagittal view) showing well defined hyperintense region in the floor of mouth

**Figure 3:** Intraoperative view of the lesion

**Figure 4:** Excised lesion
operative MRI is a must for such soft tissue lesions to know the extent and spread of the lesion. A proper understanding of the lesion is essential for the treatment of the lesion. Malignant transformation in lipoma is very rare. Enzinger and Weiss stated that malignant change has never been encountered in lipoma.12

CONCLUSION

The above case demonstrates the heterogeneity regarding the presentation of the lipoma at a very unusual site, i.e., the floor of the mouth and its remarkable large size. Other lesions with similar clinical features should be considered in the differential diagnosis, and the clinician must be able to distinguish between these oral lesions to formulate a precise treatment. Meticulous clinopathological evaluation thus forms an indispensable part of the treatment plan. In the present case report, surgical excision was done as treatment and no recurrence was detected.

REFERENCES