

Case Report Of 130 Multiple Lipoma Excision Under Local With Sedation In One Single Surgery

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Abstract

Multiple lipomatosis is a benign condition identified in all age groups. Our patient presented with multiple lumps over his entire body. Lipomatous soft tissue tumors are the most common neoplasms encountered by doctors. They range from benign lipoma to high-grade liposarcoma. Unplanned sarcoma resection is common. This is due to the possible diagnosis of lipoma and can be prevented by understanding Magnetic Resonance Imaging. The soft tissue mass is deep to the fascia or more than 5 cm in Subcutaneous tissue. Atypical lipoma tumors are mostly present, this fat mass is deep and has a tendency for local recurrence. The risk of malignant transformation is small. It is well differentiated Liposarcoma that is histologically identical to atypical lipoma. Subcutaneous fat on MRI may indicate sarcoma and should be investigated. A biopsy will be done before definitive treatment.

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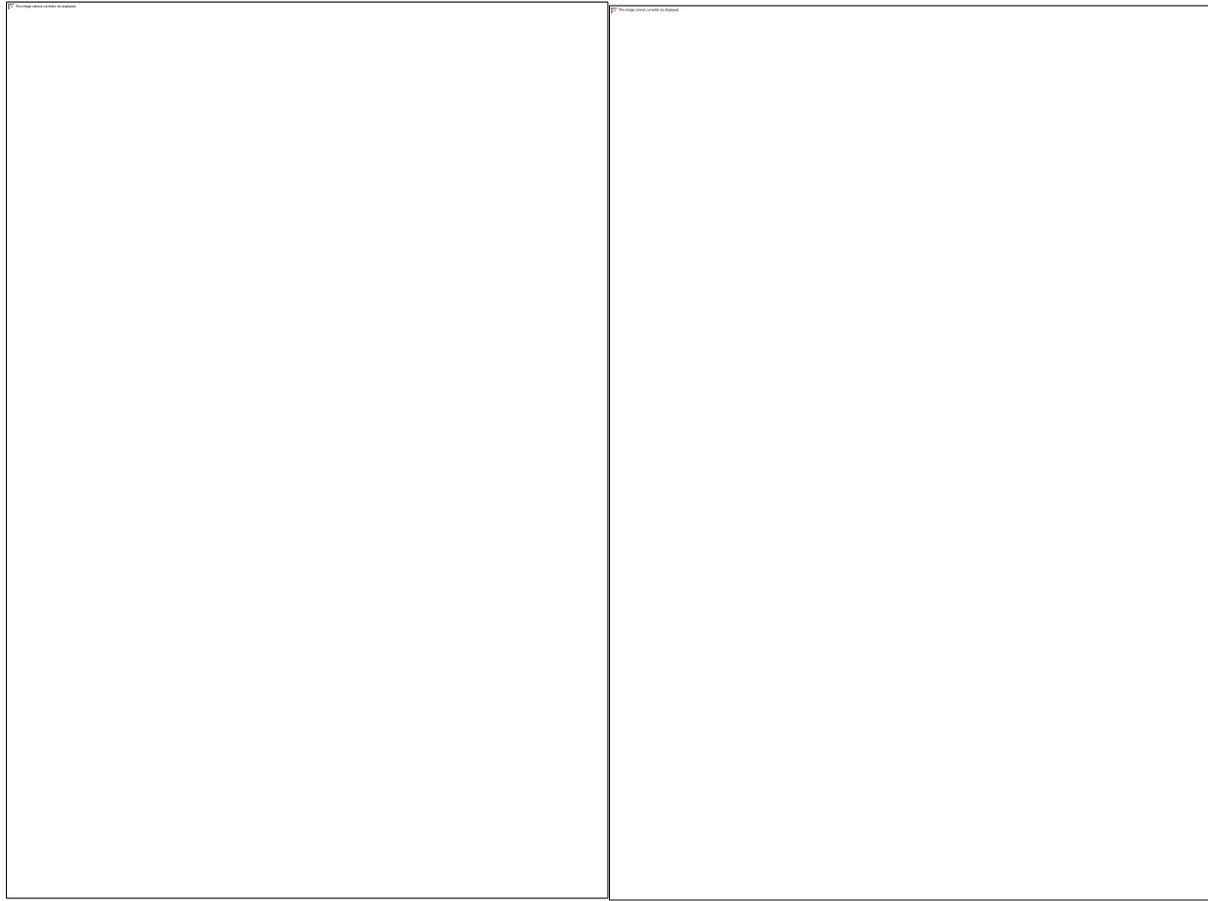
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I. Introduction

Multiple lipomatosis is a benign tumor of fat cells with well defined edges present between deep fascia and skin. It is usually painless but unsightly swelling gives patient cosmetic discomfort. Multiple lipomas are treated with methods like excision and liposuction. We have used excision and squeeze technique with small incision to remove maximum lipomas.

II. Case Report

30 years old man presented to our OPD had multiple swellings over his back, abdomen and both upper and lower limbs since many years. The size of these swellings ranged from 1 cm to 10 cm in diameter. The skin over the swelling was normal. There were 160 painless slow-growing, subcutaneous lipomas distributed all over his body. A five hour surgery was performed by 12 operating surgeons, during which 130 of those lipomas were excised under tumescent local anesthesia. Remaining 30 swellings will be removed later by liposuction.

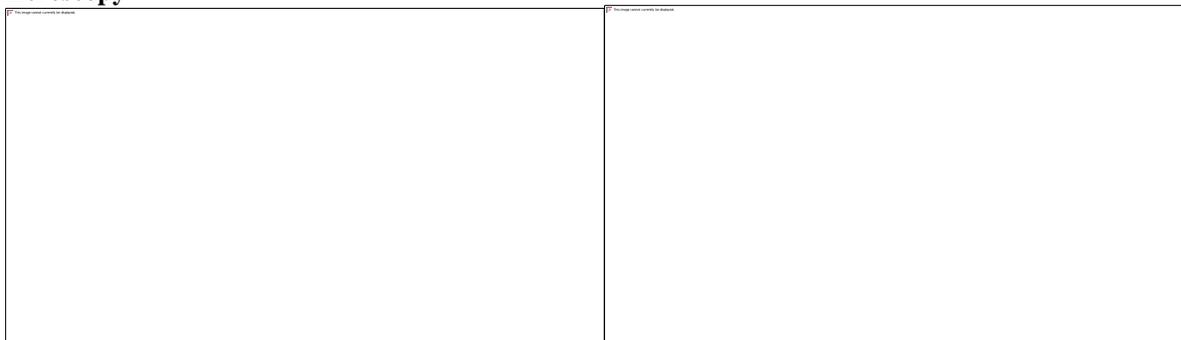


Pathology

Overall, lipomas are well circumscribed lobulated mass with yellow mucus surface and thin fibrous lining. Microscopically, lipoma consists of lobules of mature adipocytes.[3,7,8]

High Mobility Group AT-Hook 2 (HMGA2) gene, located on the short arm of chromosome 12, probably plays a key role in the pathogenesis of lipomas. Recombination of HMGA2 with several genes, including the LLP2 gene has been reported. The expression of fusion transcript, HMGA-2-LPP or LPP-HMGA-2, found in 25% lipomas.[4,5,10]

Microscopy



Gross specimen of a lipoma

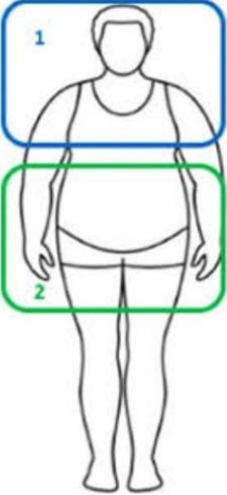
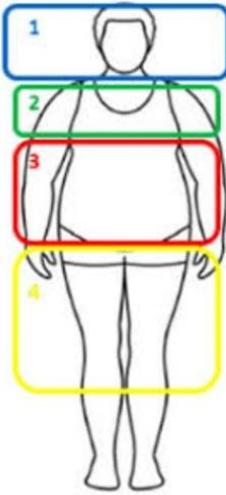
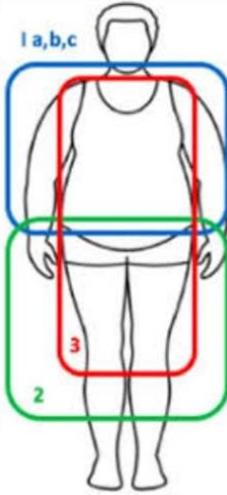
Mature adipocytes with eccentric nuclei.

III. Discussion

Lipomas are benign entities with no risk of malignant transformation and a referral to an orthopedic oncologist is not required. Asymptomatic lipomas can be managed with a cautious observation. If the mass is growing in size, cosmetically unpleasant, or symptomatic, it can be surgically removed with marginal incisions. Lipomas identified incidentally in relation to a planned standard orthopedic procedure may follow the previously mentioned surgical indications. For

A superficial mass less than 5 cm, an excisional biopsy may be performed without previous MRI. If there is more than 5 cm of superficial mass or for deep mass, diagnostic MRI findings as described previously are necessary before the determinant treatment [1,2,]. If surgery is chosen it is important to adhere to oncologic principles using longitudinal incisions with an extended approach to extremity-based lesions. Local recurrence of lipomas after marginalization excision is 5% but can be more common with infiltrating intramuscular lipomas.

HHML syndrome (hemihyperplasia–multiple lipomatosis syndrome) is a rare, genetic overgrowth syndrome (progressive, asymmetrical, moderate hemihyperplasia) associated with multiple, slow-growing, painless, subcutaneous lipomas distributed throughout entire body . [4,6,9]

	Enz's classification	Donhauser's classification	Schiltz's classification
Since :	1984	1991	2018
Subtypes:	Type 1 : Lipomas concentrated in the neck, shoulders, supra - clavicular triangle and proximal upper limbs.	Type 1: neck distribution;	Type I a,b,c : neck, shoulder girdle, upper arms, chest, abdomen, upper and lower legs,
	Type 2: neck and upper trunk are normal Fat depots located on abdomen and thighs,	Type 2: pseudo-athletic appearance Type 3: gynoid presentation Type 4: abdominal type	Type II: hips, bottom, and upper legs, Type III: general distribution skipping head, forearms, and lower legs
Topics:			

IV. Conclusion

The Lipoma usually occurs as a painless soft-tissue mass. On palpation, there are superficial lipomas that have a dough like consistency and move freely. Deep masses are large and may appear as fullness or asymmetry compared with the contralateral extremity. Deep lipomas can occur between or within a muscle hence can be classified as inter- muscular or intra-muscular, respectively. [1,4,6]

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