INTRA-ORAL LIPOMA- LOOKS CAN BE DECEPTIVE...!!

INTRODUCTION

- **Benign mesenchymal neoplasm.**
- **Mostly occur on the trunk and proximal portions of extremities.**
- **Uncommon in oral and maxillofacial region with incidence of 1-4% in oral cavity.**

CASE REPORT

A 45-year-old woman reported to our department with a swelling in upper right posterior region of jaw since 6 months.

Intraoral examination revealed a diffuse, smooth, solitary dome- shaped swelling with sessile base measuring about 5 X 3 cms present palatally irt 17. The swelling was soft, fluctuant and non-tender on palpation.
Hence, the clinical diagnosis of **palatal abscess** was given.
Depending upon the history and clinical presentation, the other differential diagnosis like postsurgical cysts of the maxillary sinus, primordial cyst, keratocyst and traumatic bone cyst were considered.

Intra-oral periapical radiograph region revealed a well defined radiolucency irt 13, 14, 15, measuring approximately 2.5 x 2 cm with breach in the lower border

The maxillary true occlusal topography revealed a radiolucency in right maxilla measuring approximately 2 x 1 cm with well defined lateral corticated borders and diffuse medial border. The root stump of 14 was seen overlapping with distal aspect of radiolucency.

Panoramic radiograph revealed radiolucency measuring about 2.5 x 2 cm in saddle area anterior to the premolars in right maxilla with well defined and uniform corticated borders. The internal structure was uniformly radiolucent There was a breach in lower border of radiolucency with loss of cortication, suggesting the growth of the mass into the underlying soft tissue. The displacement of root pieces of the premolars at the same side was also appreciated.

Excisional biopsy was performed, and the mass was submitted for histopathologic examination which revealed mature adipocytes.

Based on the histological findings, final diagnosis of **LIPOMA** was made

DISCUSSION

Etiology

- Still unknown.
- Trauma, infection, diabetes mellitus induced by hypercholestrolemia, obesity, radiation, fatty degeneration of central hemangioma and familial or genetic link.

Classification

A) WHO Classification
- Classic lipoma
- Angiolipoma
- Chondroid lipoma
- Myolipoma
- Spindle cell/pleomorphic lipoma

B) Histological Classification
- Fibrolipoma
- Angiolipoma
- Fibroangiolipoma
- Angiomyolipoma
- Infiltrating angiolipoma

Clinical Features

- Frequently affects middle aged people older than 40 years of age and bears a slight male predilection.
- Variable sizes, from small -10mm masses, to large fat lesions upto 3 cm in diameter.
- Floor of the mouth, buccal mucosa, vestibule, palate, lips and gingiva are the most commonsites.
- Slow growing asymptomatic mass.

Investigations

- Ultrasonography
- Fine needle aspiration
- Histological examination

Differential Diagnosis

- Benign connective tissue lesions such as granular cell tumor, neurofibroma, traumatic fibroma,hemangioma, leiomyoma.
- Salivary gland lesions like mucocele.
- Mixed tumor and kaposis sarcoma.

Treatment

- Conservative surgical excision.
- Carbon dioxide laser.
- Liposuction.

Conclusion

A case which was thought to be a palatal abscess turned out to be lipoma, thus it is rightly said that ***looks can be deceptive..! !***