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Vulvar Lipoma – A Case Series

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Abstract: *Lipomas are the most common benign tumours of soft tissues. However, conventional lipomashave been reported only rarely as presenting in the vulva. We present a case of vulvar lipoma in a 40-yr-old woman which is the 4th case reported in adults.*

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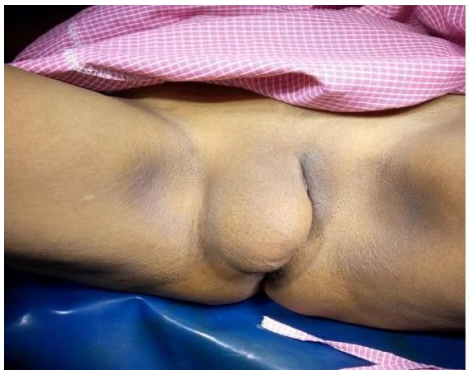
I. Introduction

A variety of lesions may present as mass at the vulva, such as Bartholin cyst, mucus cyst, epidermal cyst, fibroma,fibromyoma, lipoma, haemangioma.Lipomas are most common soft tissue tumour derived from mesenchymal cells, but vulval lipomas are so rare that very few cases are reported in world literature[1].1-7 We present a case of vulvar lipoma in a 40 year old female.She underwent surgical excision. Follow up of six month has shown her to be asymptomatic.

II. Case Report

1) A 32 years old female presented with chief complaints of soft mobile mass at lower end of right side of labia majora since 3 years.Swelling is slowly progressive in size causing discomfort while walking.No history of pain, discharge,engorged veins. No other swellings noted.No other complaints.On examination soft mass of size 7 x 4 cms in subcutaneous plane of right labia majora ,non tender, non reducible, freely mobile not fixed with underlying structures.,slip sign positive.Ultrasound revealed a fatty mass of size 6.4 x 3.2 cms in subcutaneous plane of right labia majora. Fine needle aspiration cytology confirmed diagnosis. Excision and Biopsy done under spinal anaesthesia. Wound was closed primarily with excess of skin.Histopathological evaluation showed an encapsulated tumour composed of lobules of mature adipocytes confirming it to be a lipoma. Post operative cause was uneventful. Follow up of 6 months has shown her to be disease and symptomatic free.



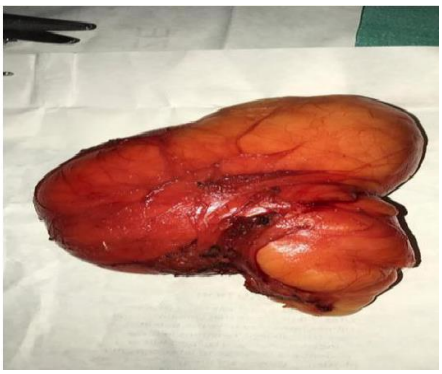


Fig.1 Lipoma in right labia majora Fig.2 Specimen after Excision

2)A 28years old female with chief complaints of soft mobile mass at left side of labia majora since one and half year. Swelling is slowly progressive in size causing discomfort while walking.No history of pain, discharge,engorged veins. No other swellings noted.No other complaints.On examination soft mass of size 5 x 3

cm in subcutaneous plane of left labia majora ,non tender, non reducible, freely mobile not fixed with underlying structures.,slip sign positive.Ultrasound revealed a fatty mass of size 5 x 3 cms in subcutaneous plane of left labia majora. Fine needle aspiration cytology confirmed diagnosis. Excision and Biopsy done under spinal anaesthesia. Wound was closed primarily with excess of skin.Histopathological evaluation showed an encapsulated tumour composed of lobules of mature adipocytes confirming it to be a lipoma. Post operative cause was uneventful. Follow up of 6 months has shown her to be disease and symptomatic free.

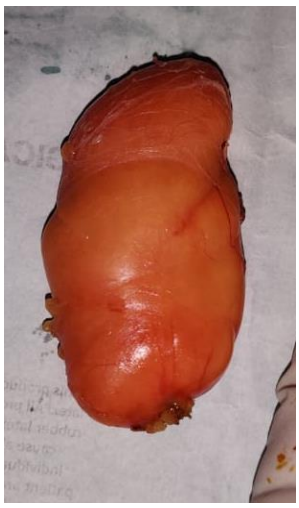



Fig 1. Swelling in Left labia majoraFig 2 Specimen after excision.

3)A 55 year old female presented with swelling in the left labia majora which is a soft swelling, since 2 years. Cough impulse was negative, non reducible, freely mobile, not fixed to underlying structures. Slip sign positive, Ultrasound scan reveals a size of 9x6 cms swelling in subcutaneous plane of left labia majora. FNAC done and it confirmed as lipoma. Excision and Biopsy done under spinal anaesthesia and sent for HPE. HPE report revealed an encapsulated tumor composed of lobules of mature adipocytes, confirming it to be a lipoma.

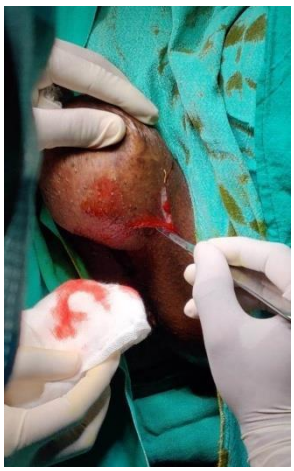
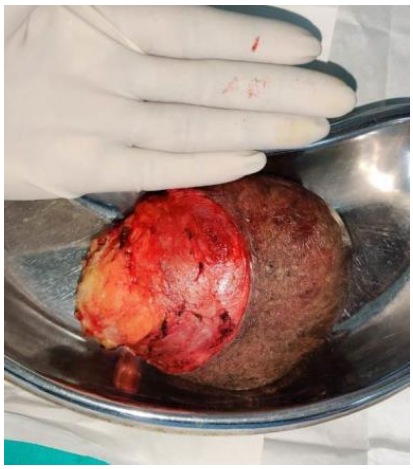



Fig 1 Lipoma in Left labia majora Fig 2 Specimen after excision

III. Discussion

Lipomas are the most common soft tissue tumours. These slow-growing, benign fatty tumours form soft, lobulated masses enclosed by a thin, fibrous capsule. Common sites are upper back, neck, abdomen.1 Lipomas occur in 1% of the population.1 But there are very few reports of conventional lipomas in vulva, and after the review of world

literature, there are only six cases reported, ours is the 8th and 9th (Table 1).Exact aetiology for lipomas development is not known but there are speculation regarding a potential link between trauma and lipoma formation or increase in size. It has also been suggested that trauma-induced cytokine release triggers pre-adipocyte differentiation and maturation.8 While the exact aetiology of lipomas remains uncertain,

An association with gene rearrangements of chromosome 12 has been established in cases of solitary lipomas, as has an abnormality in the HMGA2-LPP fusion gene.9 Vulval lipomas needs to be differentiated from liposarcomas. Preoperative biopsy or MRI is helpful.10 Complete surgical excision with the capsule is advocated to prevent local recurrence in case of lipoma, while wide local excision will be required for liposarcoma.

Table no 1. Cases of Vulval lipomas reported in literature

Author	Age of patient (yr)	Duration	Site	Size(cms)
De Lima Filho *et al*2	35 years	10 years	Right labia majora	10
Fukamizu *et al*3	7 months	7 months	Right labia majora	3.5 5.5 3.5
Van Glabeke *et al*4	5 months	5 months	Preputium Clitoridis	Unknown
Kehagias *et al*5	52 years	Unknown	Right labia majora	17 13 7
Agarwal *et al*6	35 years	6 months	Left labia majora	4 4
Jung Hoon Lee *et al*7	17 years	12 months	Right labia majora	8.2 5.5 3.8
Pravin N.Tungenwar	40 years	2 years	Right labia majora	4.5 3.5
Current case 1	32 years	3 years	Right labia majora	6. 4 3.2
Current case 2	28 years	1 ½	Left labia majora	5 3
Current case 3	55years	2years	Left labia majora	9 6

IV. Conclusion

Vulvar lipoma is extremely rare. In a period of 6months we diagnosed 3 cases of vulval lipomas in our institute. To our knowledge, until 7cases are reported in literature.

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