

Diagnostic Strategy and Treatment of Atypical Facial Lipoma: Case Report

Estratégia de Diagnóstico e Tratamento de um Lipoma Facial Atípico: Relato de Caso

Estrategia Diagnóstica y Tratamiento del Lipoma Facial Atípico: Reporte de Caso

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Abstract

Lipoma is a benign tumor with slow growth. However, it is one of the most common tumors of soft tissues, its origin remains unclear. We present a case of a lipoma in the frontal region of the face, causing aesthetic and psychological discomfort to the patient. The strategy of treatment of this lesion is essential for a favorable prognosis.

Descriptors: Lipoma; Biopsy; Surgery, Oral.

Resumo

O lipoma é um tumor benigno de crescimento lento. Embora seja um dos tumores mais comuns dos tecidos moles, sua origem permanece incerta. Apresentamos um caso de lipoma em região frontal da face, causando desconforto estético e psicológico ao paciente. A estratégia de diagnóstico e tratamento desta lesão são essenciais para um prognóstico favorável.

Descritores: Lipoma; Biópsia; Cirurgia Bucal.

Resumen

El lipoma es un tumor benigno de crecimiento lento. Sin embargo, es uno de los tumores más comunes de los tejidos blandos, su origen aún no está claro. Presentamos un caso de un lipoma en la región frontal de la cara, causando molestias estéticas y psicológicas a la paciente. La estrategia de tratamiento de esta lesión es fundamental para un pronóstico favorable.

Descriptores: Lipoma; Biopsia; Cirugía Bucal.

INTRODUCTION

Lipoma is a benign tumor caused by the differentiation of mesenchymal cells¹. It is a lesion formed by mature adipocytes and its etiology already remains uncertain. Its presence may be related to metabolic factors and local trauma². Although the origin is still unclear, it is one of the most common tumors in soft tissue¹. Its classification is well described in the literature according to the soft tissue depth: subcutaneous, subfascial, and intramuscular³.

Lipomas rarely occur on the face, there is no gender preference, however, they occur between the age of 50 and 60 years². Clinically they are up to 2.5 cm, mobile, sessile, rounded in shape, well-circumscribed, slow-growing, and painless³. Although it is the most common soft tissue tumor, only 1 to 4% occur in the orofacial

region⁴. The time for the appearance of the lesion and its treatment is about 3 years².

Treatment with surgical removal is facilitated since lipoma is surrounded by a thin capsule of connective tissue in most cases⁵. Aesthetic areas such as the face, need careful access and an adequate suture to minimize possible scarring⁵. Furthermore, complete removal of the lesion prevents recurrences, which is crucial to avoid scars and deformities in the region.

CLINICAL CASE

Male patient, 35 years old, with leukoderma, referred to the Maxillofacial Department. He complained of increased volume in the frontal region of the face. In the anamnesis, he reported no systemic diseases, no use of medications, or allergies. There was no painful symptom, and

the lesion was growing for 1 year without trauma previously. On physical exam, a single lesion of approximately 3 cm, well-circumscribed, with a rounded shape and resilient to palpation, was in the left frontal region (Figure 1).



Figure 1: Lesion in the left frontal region.

The surgical treatment was under local anesthesia with lidocaine (epinephrine 1:100,000, DFL, Rio de Janeiro-RJ, Brazil), after extra-oral antisepsis and access under the center of the lesion. After access, the lesion was removed by divulsion of the occipitofrontal muscle with straight Kelly forceps (Figure 2).



Figure 2: Lesion removed.

An intradermal suture was performed with 5-0 nylon thread (Mononylon; Ethicon, Sao Paulo-SP, Brazil) to synthesize (Figure 3). The incision was performed following the expression line of the frontal muscle to avoid scars. Then, the lesion was removed and placed in 10% formaldehyde. The lesion floated on the formaldehyde (Figure 4), proving a classical feature of lipoma's diagnosis. The postoperative orientation was to constantly use sunscreen over the area. Postoperative prescription of dexamethasone 8 mg in a single dose and

dipyron 500mg every 6 hours for 2 days. The lesion was also sent to the histopathological analysis, and the diagnosis of subcutaneous lipoma was obtained with the presence of mature adipocyte cells. In the 12-month postoperative period, the patient had no aesthetic complaints and no history of recurrence (Figure 5).



Figure 3: Intradermal suture after lesion removal.



Figure 4: Lipoma has been floated on formaldehyde 10%.



Figure 5: Postoperative after 1 year of follow-up, with no recurrence or scars

DISCUSSION

Accurate diagnosis is essential for the treatment of these lesions, especially when they affect regions of the face. The differential diagnosis for lipoma is taken with fibroma, and osteoma, among other nodular lesions². Despite being a benign and slow-growing tumor, it generates aesthetic and psychological damage when is located on the face⁶⁻⁹.

There are other techniques to confirm the lipoma, besides histopathological examination⁵. After tissue removal, the lesion is placed in 10% formaldehyde, and it will float over the solution as a classical characteristic identification. There is also the chance of diagnosis by cytology and ultrasound exams, however, they can present inconclusive results⁴. Therefore, the identification of clinical characteristics is crucial for the management of lipomas in unusual regions of the face.

Patients are concerned about the wounds generated by the injury and probable scars after surgery³. For this reason, a trans-wrinkle incision was performed followed by an intradermal suture in this present case. This kind of incision and suture is usually used to obtain better cosmetic results. In addition, the divulsion is essential for well-vascularized regions like the frontal area of the face. In the postoperative orientation, sunscreen was recommended to prevent skin damage.

CONCLUSION

In conclusion, a lipoma can be diagnosed during the trans-operative time. Also, trans-wrinkle incisions and intradermal sutures provide well aesthetic results for lipoma treatment in the face.

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CONFLICT OF INTERESTS

The authors declare no conflict of interest.

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