

# Vulvar Lipoma-A Rare Case Report

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**Abstract** Lipomas are the most common benign tumor of soft tissues. Lipomas are usually soft, fluctuant, painless, subcutaneous lump measuring from 2-20cm diameter. However conventional lipomas have been reported, lipoma of vulva is a rare occurrence and very few cases have been reported in literature. We present a case of vulvar lipoma in 58 year old woman.

**Keywords:** lipoma, vulva

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## 1. Introduction

Lipoma are widely disseminated benign mesenchymal neoplasm commonly found over the neck and upper back, shoulders abdomen, buttocks and proximal portion of extremities[1]. Vulvar localization are rare and very few cases have been reported [2,3]. In this case we report the case of large vulvar lipoma in a 58 year old female.

## 2. Case Report

A 58 year old female presented to us with a painless and slow growing left vulvar mass that evolved over 10 years which was causing discomfort while walking. She ignored the mass for long period as she was uncomfortable to reveal her private area and someone told her the mass is of some dreadful disease. On examination there was a soft mass around 8\*9 cm which was freely mobile. However there was no visible cough impulse or inguinal lymphadenopathy or any other swelling in the body. Her previous menstrual history and obstetrical history was unremarkable. She has a history of diabetes mellitus and hypertension for last 25 years was on insulin and antihypertensive medication. Ultrasound revealed fatty mass of around 8.3\*9.3 cm arising from left vulvar region to exterior. FNAC confirmed the diagnosis. Excision was done under the saddle block. Wound was closed primarily with removal of excess skin. A reactionary haemorrhage occurred which was managed consequently. Histopathology evaluation showed an encapsulated tumor of size 9\*8\*5 cm composed of granules of mature adipocytes confirming to be lipoma. Patient was discharged on 5th postoperative day.

## 3. Discussion

Lipoma are most common soft tissue tumour. These slow growing, benign fatty tumors form soft lobulated masses enclosed by a thin fibrous capsule. Common sites are upper back, neck, abdomen [1]. Lipoma occur in 1%

of population [1]. Very few cases of vulvar lipoma has been reported in literature [2,4,5,6,7,8]. Exact etiology for lipoma development is not known but there are speculation regarding potential link between trauma and lipoma formation or increase in size. It has also been suggested that trauma induce cytokines release triggers pre adipocyte differentiation and maturation[9]. While the exact etiology of lipoma remain uncertain, an association with gene rearrangement of chromosome 12 has been establish in cases of solitary lipomas, as has an abnormality in HMGA2LPP fusion gene [10]. Diagnostic imaging with CT, MRI and Ultrasound are useful to asses the characteristic of these tumors and differentiate them from cysts and also to exclude further pelvic involvement [11]. Vulvar lipoma needs to be differentiated from liposarcoma. Preoperative biopsy or MRI is helpful [12]. 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.



Figure 1. (Mass arising from left labia majora around 9\*8\*7 cm).



Figure 2. Photograph of excised specimen

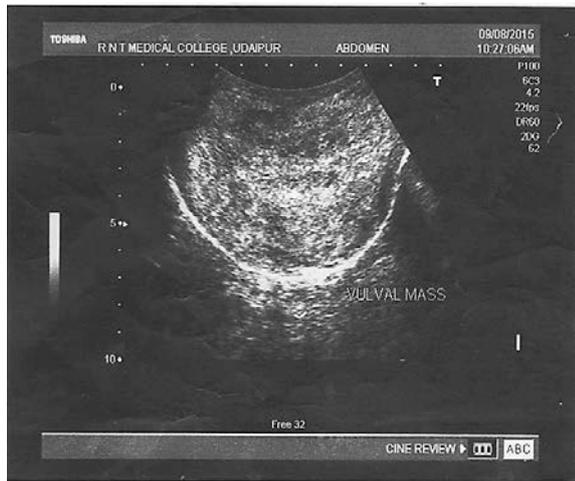


Figure 3. Ultrasound image showing vulvar mass around 9\*8 \*7 cm

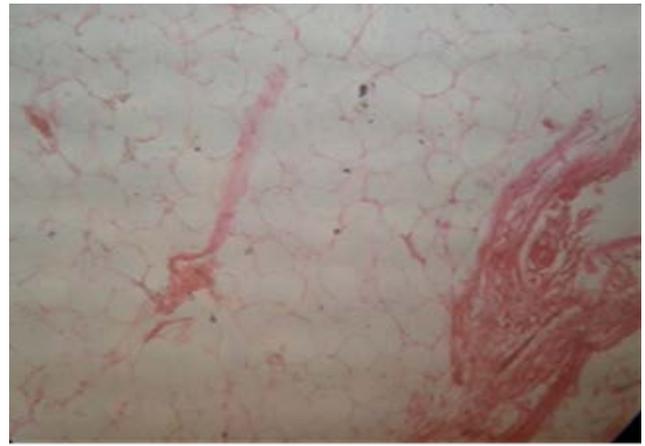


Figure 4. Histopathology slide showing adipocytes

Table 1. Cases of vulvar lipomas reported in literature

Author	Age of patient (Yr)	Duration	Site	Size (cm)
De Lima Fiiho et al <sup>2</sup>	35 years	10 years	Right labia majora	10
Fukamizu et al <sup>3</sup>	7months	7months	Right labia majora	3.5 5.5 3.5
Van Glabeke et al <sup>4</sup>	5months	5months	Preputium Clitoridis	Unknown
Kehagias et al <sup>5</sup>	52 years	Unknown	Right labia majora	17 13 7
Agarwal et al <sup>5</sup>	35years	6 months	Left labia majora 4 4	
Jung Hoon Lee et al <sup>7</sup>	17 years	12 months	Right labia majora	8.2 5.2 3.8
Praveen N Tungenwar et al <sup>4</sup>	40 years	2 years	Right labia majora	4.5 3.5
Basel Khreiset et al <sup>2</sup>	30 years	2 years	Right labia majora 15 x 6 cm	
Sofia Jayi et al <sup>8</sup>	27 years	1year	Left labia majora	6 cm
Current Case	58 years	10 years	Left labia majora	9 8

### 4. Conclusion

Vulvar lipoma is extremely rare. Very few cases has been reported in literature. Treatment is adequate surgical excision. Confirmation by histopathology is mandatory to exclude malignancy.

### References

[1] Todd A Nickloes, DO Daniel, D Sutphin, MD, Klaus Radebold, MD, PhD,15 Jan 2009  
<http://emedicine.medscape.com/article/191233-overview> accessed on 23 August 2009.

[2] Large Vulvar Lipoma in an Adolescent:A case report Jung Hoon Lee and Seung Moon Chung J Korean Med Sci 2008;23(4): 744-746.

[3] Jourjan R, Dohan A, Brouland JP, Guerreche Y, Fazel A, Soyer P, Angiolipoma of labia majora.MR imaging findings with histopath correlation. clin imaging 2013,37:965-968.

[4] De Lima Filho OA, Cogliati AO, Reitzfeld G, Lipoma of the vulva. Rev Paul Med 1969;75:165-76.

[5] Fukamizu H, Matsuoto K, Inoue K, Moriguchi T. Large vulvar lipoma. Arch Dermatol 1982;118:447.

[6] Van Glabeke E, Audry G, Hervet F, Josset P, Gruner M. Lipoma of the preputium clitoridis in neonate.an exceptional abnormality different from ambiguous genitalia. Pediatr Surg int 1999;15: 147-8.

[7] Kehagias DT, Smyrniotis VE, Karvounis EE, Gouliamos AD, Creatsas G. Large lipoma of the vulva. Eur J Obstet Gynecol Reprod Biol 1999 84:5-6.

[8] Agarwal U, Dahiya P, Sangwan k. Vulvar lipoma a rare occurrence. Arch Gynecol Obstet2004;270:59-60.

[9] Signorini M, Campiglio GL. Posttraumatic Lipomas: where do they really come from? Plast Reconstr Surg 1998; 699-705.

[10] Italiano A, Ebran N, Attias R, et al. NF1B rearrangement in superficial, retroperitoneal and colonic lipomas with aberrations involving chromosome band 9p22.Genes chromosomes cancer 2008;47(11)971-7.

[11] Sherer DM, Gorelick C, Wagreich A et. al. sonographic findings of a large vulvar lipoma. Ultrasound Obstet Gynecol 2007; 30 780-787.

[12] Einarsdoittir H, Soderlund V, Larsson O, Mandahl N, Bauer HC.110 subfacial lipomatous tumors.MR and CT findings versus histopathological diagnosis and cytogenetic analysis. Acta Radiol 1999;40:603-9.