

## Osteolipoma of the Ring Finger: Case Report

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### INTRODUCTION:

Lipomas are commonly found soft tissue masses that can occur anywhere in the body, predominantly in areas with high amounts of adipose tissue [1]. Mature adipose tissue is the typical histopathological finding in lipomas, without cellular atypia. In rare cases, there can be differentiation into other cells of mesenchymal origin. Those with osseous elements are called osteolipomas [2]. It is an uncommon diagnosis, and an osteolipoma involving the finger has not been reported previously. Here, we describe a case of osteolipoma involving the left ring finger.

### REPORT:

49 year-old female with no known underlying illness presented with 2-year history of swelling over the left ring finger. It developed spontaneously, increasing in size, associated with night pain and numbness. She denied preceding trauma, infection, or family history of

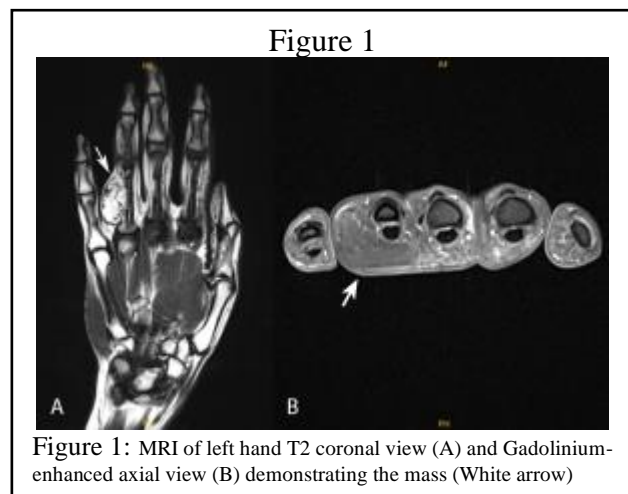
rendered a suppressed signal on FAT-SAT sequence without significant Gadolinium. Histopathological examination after excision revealed a well circumscribed non-encapsulated lesion composed of mature univacuolated adipocytes interspersed by fibrous septae. There was proliferating capillary-size blood vessels lined by bland looking endothelial cells. Stroma showed myxoid change with hyalinization. There were no lipoblasts or atypical stromal cells seen. These findings were consistent with the diagnosis of osteolipoma. She recovered well after the surgery and had no residual symptoms.

### CONCLUSION:

Lipomas are a common benign soft tissue tumour. They are predominantly found on regions of the upper back, neck, abdomen and shoulder [2]. Lipomas involving the hands and fingers are rare, while osteolipoma is even less commonly seen distal to the wrist. Though common locations for development of lipomas and their variants have been identified, it is important for the clinician to remember that they can present in unlikely anatomical regions. Careful clinical assessment with radiological imaging is imperative in achieving diagnosis so that patients receive appropriate treatment.

### REFERENCES:

- [1] R. E. van Demark, T. Fiegen, M. Hayes, M. Hayes, A. Sunassee, and E. Helsper, "Osteochondrolipoma of the Hand," *Journal of Hand Surgery*, vol. 47, no. 9, pp. 904.e1-904.e4, Sep. 2022, doi: 10.1016/j.jhsa.2021.05.024.
- [2] N. S. Kwan Ip, H. W. Lau, W. Y. Wong, and M. K. Yuen, "Osteolipoma in the Forearm," *J Clin Imaging Sci*, vol. 8, p. 20, May 2018, doi: 10.4103/jcis.jcis\_80\_17.



malignancy. The mass was soft, smooth, non-tender, mobile, not attached to overlying skin, and not of vascular origin. Plain radiographs revealed soft tissue mass with calcification. MRI imaging (Figure 1) showed well circumscribed lobulated lesion at the ulnar aspect of left ring finger proximal phalanx. It was hyperintense on T1W and T2W images but