

Recurrent Lipoma, Reborn as Non-Identical Twin

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INTRODUCTION:

Lipoma, a benign tumour originating from mesenchymal tissue, is among the most frequently encountered neoplasms, affecting roughly 1% of the population, predominantly those aged between 40 and 60 years. These tumours can vary in size and location and are usually asymptomatic. The transformation of lipomatous tumour into a malignant liposarcoma following the surgical removal of a benign lipoma is a rare recurrence.

Recently updated WHO classification of soft tissue & bone tumours has delineated 4 major liposarcoma subtypes: atypical lipomatous tumour/ well-differentiated liposarcoma (ALT/WDLPS), dedifferentiated liposarcoma (DDLPS), myxoid liposarcoma and pleomorphic liposarcoma. DDLPS & pleomorphic liposarcomas are high-grade aggressive tumours with metastatic potential, whereas ALT/WDLPS and myxoid liposarcomas are low-grade tumours with a more indolent clinical course.

REPORT:

A 53-year-old male, with underlying diabetes, ischaemic heart disease, hypercholesterolemia was presented to our centre with a complain of recurrent swelling over his right upper back, which rapidly growing since past 1 year. Patient had similar history in 2019, which he had underwent marginal excision and the mass pathologically reported as lipoma. Swelling recur at same site as previous mass, however patient denied any constitutional symptoms. Clinically, a mass of 20cm x10cm located overlying the right scapula with a well-healed previous scar, firm in consistency and non-mobile, with no obvious skin changes. Patient's right shoulder movement was unaffected, and there was no pain, or any tenderness elicited.

MRI staging done showed 2 well-differentiated mass, however 1 purely homogenous while the other showed heterogeneous enhancement.

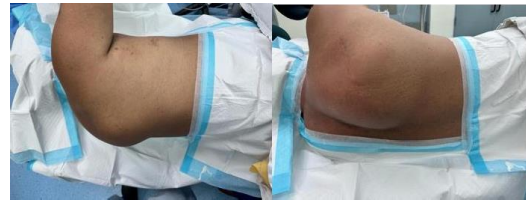


Figure 1: Clinical Images of Right Upper Back

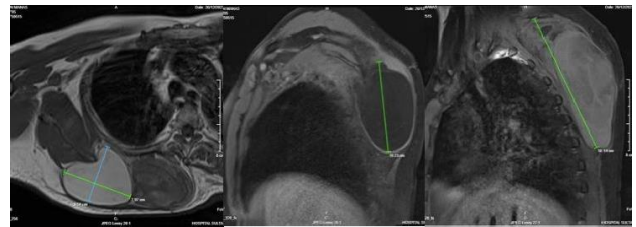
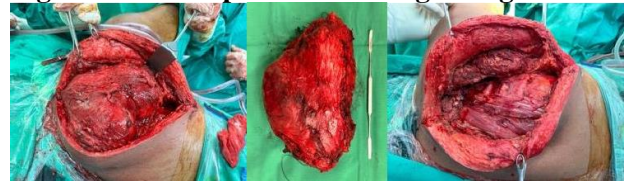


Figure 2: MRI Staging T1 Images

Wide local excision of the mass was done, intra-operatively, mass located within trapezius & rhomboid muscles. Histopathologically, the mass then reported as ALT.

Figure 3: Intra-operative Findings Images



CONCLUSION:

Lipomatous tumour which are deeply located and are of significant size should be viewed as risk factors for recurrence, harboring the potential for malignancy and misdiagnosis. It's crucial to communicate these risks to patients and to organize meticulous, long-term monitoring. For recurrence prevention, confirming the safety margin during surgical removal is imperative, alongside a thorough pathological review of all histological sections, with a particular focus on the presence of nuclear atypia.

REFERENCES:

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