

## A Rare Case of Thenar Intramuscular Lipoma

<sup>1</sup>Zainul A; <sup>1</sup>Karthigesu M; <sup>1</sup>Farhan H.

<sup>1</sup>Orthopedic, Hospital Sultan Ismail Petra, Kelantan.

### INTRODUCTION:

Lipomas are benign mesenchymal tumors of adipose tissue. Even though they are predominantly located in the subcutaneous tissue, intramuscular locations are relatively common. The most common sites of involvement of intramuscular lipomas are the large muscles of the extremities, especially those of the thigh shoulder, and upper arm, while the hand location is extremely rare [1]. In such cases they are presenting as slowly growing painless soft tissue masses and are usually associated with hand functional impairment. We report an unusual case of a large intramuscular lipoma of the thenar that was treated with surgical excision due to the impairment of hand function.

### REPORT:

37 years old Malay gentleman, no known medical illness, presented with left thenar swelling for the past 3 years. He was treated as left thenar lipoma prior to admission. Patient underwent excision biopsy left thenar. Intra-operatively finding was, soft tissue mass size around 4x4x2cm, deep to thenar muscle, attached to Flexor Pollicis Longus tendon sheath.

Histopathology Examination (HPE) came back as Left-Hand Fibro lipoma.

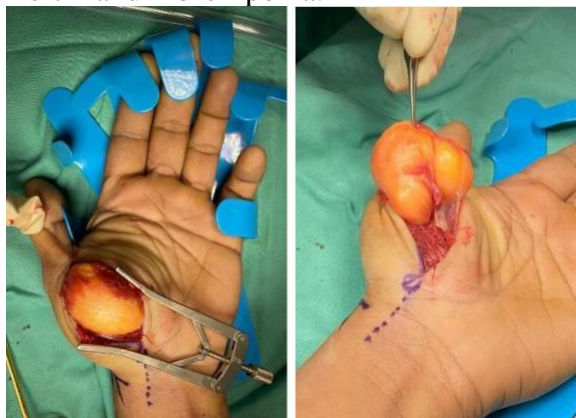


Figure 1: intra-operative findings.



Figure 2: post excision.

### CONCLUSION:

Even though intramuscular lipomas of thenar are entirely benign lesions with extremely low frequency of malignant transformation, the treatment of choice is surgical excision. The main reason for excision is the impairment of hand functionality and cosmetic appearance. The lipoma is usually surrounded by a thin, fibrous capsule, which may allow the mass to be shelled out. Careful dissection is necessary during the surgical procedure to avoid recurrence and damage of digital nerves and vessels. The reported recurrence after marginal excision is less than 5% and it occurs more frequently with deep and infiltrating lipomas, because of the modified surgical removal to avoid injuring adjacent neurovascular and muscular tissues [2].

### REFERENCES:

1. Berlund P, Kalamaras M. A case report of trigger wrist associated with carpal tunnel syndrome caused by an intramuscular lipoma. *Hand Surg.* 2014;19(2):237–9.
2. Murphey MD, Carroll JF, Flemming DJ, Pope TL, Gannon FH, Kransdorf MJ. From the archives of the AFIP: benign musculoskeletal lipomatous lesions. *Radiographics.* 2004;24(5):1433–66.