

Case Report

Fibrolipoma of the Labial Mucosa: An Uncommon Variant of a Ubiquitous Tumor

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Received: September, 2018.
Accepted: September, 2018.

ABSTRACT

Lipoma, a benign tumor originating from the adipocytes, is commonly seen in many parts of the human body. Oral cavity is not a favored location for the occurrence of lipomas. Histopathologically, many variants have been described based on the presence of other components. Fibrolipoma is one such variant where the adipocytes are admixed with fibrous component. It appears as an asymptomatic growth anywhere on the oral mucosa in middle-aged individuals. A case of this variant in a 52-year-old male patient is being reported.

KEYWORDS: Adipocytes, adipocytic tumor, fibrolipoma, lipoma

INTRODUCTION

Lipoma is a benign mesenchymal tumor of mature adipose cells.^[1,2] It commonly occurs in arms, trunk, and neck.^[2] Lipoma in the oral cavity has a reported incidence of 1 in 5000.^[3] Lipomas can develop either subcutaneously or in deeper tissues,^[4] and within the oral cavity, it has a submucosal location. Oral lipoma was first described by Roux in 1848 as “yellow epulis.” Intraoral lipomas are believed to grow to large sizes causing speech as well as chewing difficulties.^[5] Fibrolipoma is a rare variant of the classic lipoma where the adipose cells are embedded in collagen.^[6]

CASE REPORT

A 52-year-old male patient reported with a complaint of pain in the lower left back tooth of 2 weeks duration. There were no associated symptoms. His medical and surgical histories were noncontributory. On examination of the tooth, the mandibular left first molar had a deep periodontal pocket and the tooth was grade I mobile. Incidentally, the lower labial mucosa on the right side showed a solitary, well-defined, sessile growth measuring 1.2 cm in size. It was roughly oval in shape and it had a yellowish hue. It was soft to firm in consistency and nontender [Figure 1]. On questioning the patient about the presence of the lesion, he mentioned that it had been present for at least 2–3 years. The patient was motivated for a biopsy, with a presumptive diagnosis of lipoma. The lesion was excised under local anesthesia and was

studied under hematoxylin and eosin stain. The lesion showed multiple adipocytes intermixed with fibrous connective tissue. There was no evidence of any atypical features [Figures 2 and 3]. The histopathologic diagnosis was that of a fibrolipoma. The patient was also referred for oral prophylaxis, and his chief complaint was addressed. The patient was lost to follow-up.

DISCUSSION

Epidemiology

Lipomas of the oral cavity have a relatively low occurrence with prevalence ranging from 1% to 4%.^[1,2] Lipomas are seen in middle-aged and elderly patients more commonly.^[2] One report suggests that oral fibrolipomas occur with a prevalence of 1.6%.^[2] Fibrolipoma is more common in females than males with a female-to-male ratio of 1.3:1 and in the age group of 40 years.^[1,3]

Etiology and pathogenesis

It is unclear as to what induces or causes lipomas to occur, and a few factors such as mechanical or inflammatory factors and endocrine stimulus may be the contributors.^[1] Interestingly, chromosomal aberrations in 6p, 12p, and 13q have been found in

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How to cite this article: Srivathsa SH. Fibrolipoma of the labial mucosa: An uncommon variant of a ubiquitous tumor. *Int J Orofac Biol* 2018;2:53-5.

Access this article online	
Quick Response Code: 	Website: www.ijofb.org
	DOI: 10.4103/ijofb.ijofb_7_18



Figure 1: Sessile growth on the lower right labial mucosa with a yellow tint

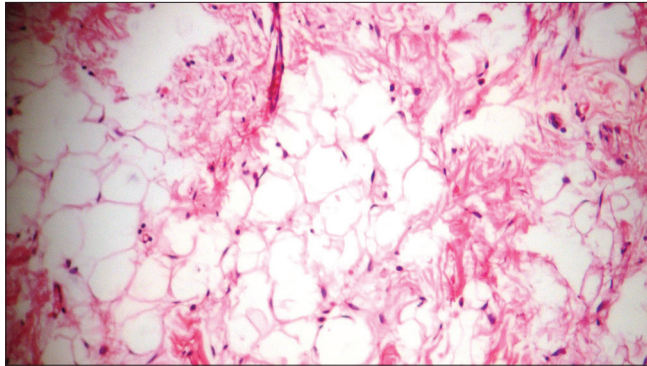


Figure 2: The presence of mature adipocytes interspersed with fibrous connective tissue component (H and E, ×10)

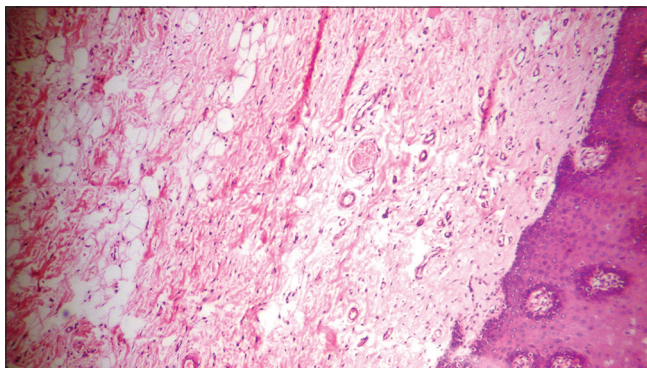


Figure 3: The lesion (H and E, ×4)

some lipomas.^[3] One report suggests that lipoma has an embryonic cell nest origin.^[4] Whenever a blunt trauma occurs, hematoma formation ensues and the cytokines may mediate preadipocyte differentiation and proliferation leading to the formation of a lipoma.^[6] Fibrous degeneration of a lipoma may also result in the formation of a fibrolipoma.^[2] This could have also occurred in the present case, although there was no positive history regarding trauma.

Clinical features

Fibrolipoma within the oral cavity has been very infrequently noted. It can be seen on the buccal mucosa, labial mucosa, floor of the mouth, the retromolar area, and even rarely over the gingiva. Among these, the buccal mucosa and the buccal vestibules have been found to predominate the location.^[1-3] Characteristically, the lipoma appears as a yellow-colored mass which tends to be asymptomatic and slow yet progressive in its growth. On palpation, it is firm to doughy in consistency and is nontender.^[2,3,5,6] The size of the tumor can vary and can range up to 2.5 cm. Depending on the amount of fibrous component in the lesion, the consistency generally varies from soft to firm.^[7]

Multiple lipomas have been interestingly noted to occur in association with other disorders or syndromes such as neurofibromatosis, Gardner's syndrome, cephalocraniocutaneous lipomatosis, and familial multiple lipomatosis and even in proteus syndrome.^[5,7]

Histopathology

Various histopathologic forms of lipomas have been described in the literature. Based on the presence of certain other tissues in association, sialolipoma, fibrolipoma, pleomorphic lipoma, spindle cell lipoma, angiolipoma, chondrolipoma, myxolipoma, and atypical lipoma have been described.^[1-3] One large study of oral lipomas found that oral fibrolipoma formed the second most common histologic subtype followed by the simple lipoma.^[8] In this variant, the adipocytes are distributed along with fibrous connective tissue.^[8]

Differential diagnosis

The histopathological differentials that have been considered include the fibroma, lipoma, the minor salivary gland tumors, and liposarcomas.^[3,6]

Investigations

Lipomas have been investigated using MRI and shows high signal intensity on both T1 and T2. Fibrolipomas, on the other hand, may show low intensity on T1 owing to high collagenous component.^[2] Further, investigations such as ultrasonography and fine-needle aspiration have been utilized whenever the lesion is found to be of sufficient size.^[5] Advanced histopathological investigations such as immunohistochemistry using proliferative cell nuclear antigen and Ki-67 have been employed, and the results have shown increased expression of both.^[2]

Management and prognosis

Conservative surgical excision has been the treatment of choice. Recurrence is rare and is attributed to incomplete excision.^[2,7-9] A case of fibrolipoma transforming to liposarcoma has been mentioned in the literature.^[2]

CONCLUSION

Although lipoma is a common tumor in the human body, it is rare in the oral cavity. What is rarer is the variation it can show under the microscope. Fibrolipoma being one of the variants of this tumor can rarely be seen occurring on the oral mucosa. When present, can appear similar to a classic lipoma and only histopathology can help identify this lesion. The importance of biopsy and histopathology needs to be emphasized, although the report of malignant transformation of fibrolipoma to fibrosarcoma has been anecdotal.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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