

eISSN: 2582-5542 Cross Ref DOI: 10.30574/wjbphs Journal homepage: https://wjbphs.com/



(CASE REPORT)



A case report of Giant Lipoma involving shoulder Joint

Dhruv Kundra *

Department of Surgery, Medeor Hospital, Qutab, New Delhi, India.

World Journal of Biology Pharmacy and Health Sciences, 2024, 18(03), 132-134

Publication history: Received on 28 April 2024; revised on 05 June 2024; accepted on 08 June 2024

Article DOI: https://doi.org/10.30574/wjbphs.2024.18.3.0340

Abstract

Giant lipomas involving shoulder joints are rare. They cause symptoms due to their pressure effects and compression of surrounding structures. Surgical excision remains only definite treatment.

Keywords: Lipoma; Shoulder Joint; Intramuscular; Universal Tumour

1. Introduction

Lipomas are benign soft tissue tumours which may occur in any part of body. Even though they may vary in their size but giant lipomas involving joints are rare [1]. As they slowly increase in size, they cause symptoms like pain and restriction of mobility due to compression of surrounding structures. Giant lipomas also become visibly apparent which may cause patient to seek treatment. We present a case of a Giant Lipoma of over four kilograms in weight involving shoulder joint.

2. Case

Patient was a 54-year-old male patient who had swelling in posterior aspect of his left shoulder. Patient was initially asymptomatic but started developing pain in shoulder joint during movement as the swelling increased in size. Over years swelling progressively increased in size and patient had severe restriction of movement at the joint. Swelling also became visibly apparent and patient also had difficulty in wearing his clothes. When patient presented, he had over twenty centimetres in size involving posterior and lateral regions around left shoulder joint (Figure 1).

Patient was investigated and taken up for surgery. Intraoperatively a large lipomatous mass was seen in deep intramuscular plane in subscapular plane (Figure 2). Mass was excised in toto and wound closed with suction drain in situ. It it weighed over four kilograms (Figure 3).

Patient recovered well post operatively. Drain was removed on fifth day. On follow up after two weeks the wound had healed well and shoulder joint movements had significantly improved. Histopathology report confirmed the diagnosis of Lipoma.

^{*} Corresponding author: Dhruv Kundra

Copyright © 2024 Author(s) retain the copyright of this article. This article is published under the terms of the Creative Commons Attribution Liscense 4.0.



Figure 1 External extent of Lipoma



Figure 2 Anatomical location of Lipoma deep to Subscapularis



Figure 3 Excised specimen weighing over four kilograms

3. Discussion

Lipomas are common soft tissue tumours of the body. They can occur in any part of body and vary in size. Due to this they are known as universal tumours [2]. They are usually slow growing but rarely can reach very large dimensions. Lipomas larger than five centimetres are called as Giant Lipomas [1]. Symptoms of these lipomas are due to compression

of surrounding structures and may present as restriction of movement, pain or numbness of involved extremity [3]. Diagnosis is established by clinical examination. Radiological evaluation can be done by Ultrasonography, CT scan or MRI. MRI provides detailed location and relation to surrounding anatomical structures and is very useful in Lipomas located in unusual locations or of very large dimensions [4].

Surgery with complete excision of the mass is the treatment of choice for Lipomas. Suction drains may be used in cases of Giant Lipomas which have large potential space for collection of blood or fluid post operatively [5].

This present case shows a Giant Lipoma involving the shoulder joint which was causing severe restriction of movement at the joint. Patient had complete recovery after surgical excision of the mass.

4. Conclusion

Giant Lipomas are large benign tumours. Lipomas of such large dimensions as presented in this report are extremely rare. Giant intramuscular lipoma involving shoulder joint and restricting its movements is an atypical occurrence and a challenge for the surgeon. This is a case report presents clinical findings and successful surgical treatment of such a case.

Compliance with ethical standards

Disclosure of Conflict of Interest

No Conflict of Interest to be disclosed.

Statement of ethical approval

The present case does not contain any studies performed on human subject by the authors.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Balakrishnan C, Nanavati D, Balakrishnan A, Pane T. Giant lipomas of the upper extremity: Case reports and a literature review. Can J Plast Surg. 2012 Fall;20(3) e40-1. PMID: 23997596; PMCID: PMC3433826.
- [2] Davis C, Jr, Gruhn JG. Giant lipoma of the thigh. Arch Surg. 1967; 95:151–6.
- [3] Higgs PE, Young VL, Schuster R, Wedes PM. Giant lipomas of the hand and forearm. South Med J. 1993; 86:887– 90.
- [4] Sundram M, Baran G, Merenda G, McDonald DJ. Myxoid liposarcoma: Magnetic resonance imaging appearance and clinical and histological correction. Skeletal Radiol. 1990; 19:359–62.
- [5] Terzioglu A, Tuncali D, Yuksel A, Bingul F, Aslan G. Giant lipoma: A series of 12 consecutive cases and a giant liposarcoma of thigh. Dermatol Surg. 2004; 39:463–7.

Author Biography



Dr Dhruv Kundra is the Head of Department of Surgery at Medeor Hospital, Qutab, New Delhi, India. He has authored a book on Minimal Access and Bariatric Surgery. He has special interest in Bariatric and Robotic Surgeries.