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Case Report

Oral Lipoma Causing Mental Paresthesia: A 10-Years Follow-Up Case

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Abstract

Lipomas are benign neoplasms of the adipose mesenchymal tissue, relatively rare in the oral cavity, and may affect other parts of the body such as the chest, limbs and axillas. There is a greater predilection in adult individuals, and they are extremely uncommon in childhood. The clinical features of this lesion, such as mobility to palpation, floating and soft consistency, yellowish coloration and slow growth with absent symptoms, usually facilitate the diagnosis. It presents several histopathological variables, but without changing the prognosis. The purpose of this article is to report a case of a patient who presented a large lesion in the vestibular mucosa near the mental foramen, causing paresthesia, facial edema and mild aesthetic impairment, surgically removed and diagnosed as lipoma. The intraoral access preserved the integrity of the associated anatomical structures and facial aesthetics.

Keywords: *Lipoma; Adipocytes; Oral Cavity; Oral Medicine*

Introduction

Lipomas are benign mesenchymal tumors relatively rare, affecting mainly the chest, limbs, neck and axilla. The evolution mainly affects the subcutaneous tissue and may infiltrate into deeper tissues. Its occurrence in the oral cavity is rare, ranging from 1% to 4.4% of benign soft tissue tumors, presenting the prevalence by male gender, in the age range between 40 and 70 years and without predilection by race [1-3].

Lipomas are usually formed by single, sessile, asymptomatic, slow-growing, circumscribed, movable, resilient lesions covered with normal, usually yellowish, mucosal tissue when near the epithelium. The presence of telangiectasia is frequent, and in the absence of trauma there are usually no ulcerations. It predominantly affects the vestibular mucosa, tongue, mouth floor, palate and lips [1-4].

The etiology of lipoma is still doubtful, with endocrine alterations and hereditary causes being the most accepted theories [4,5]. Histologically, lipomas can be classified through their microscopic subtypes into: simple lipomas; fibrolipomas; of spinous, intramuscular or infiltrative cells; of salivary, myxoid and atypical glands. Within these variants, myxoid lipoma and angiolipoma are rarely found in the oral cavity, with simple lipoma being the most common histological type [2,3,6].

The treatment of lipomas of the oral cavity, regardless of their histological type, is surgical excision, with recurrence rarely observed [2,3,5,7,8]. Some of these oral lesions can reach greater proportions, even interfering with phonation, chewing and even swallowing, reinforcing the need for early diagnosis [1,3,5,7,9].

The purpose of this article is to report the case of a patient who presented with a large lesion in the vestibular mucosa near the mental foramen, causing paresthesia, facial edema and mild aesthetic impairment, being surgically removed by intraoral access.

Case Report

An African-descendent female patient, 57 years, attended the private clinic, complaining of increased volume in the facial region.

The extraoral examination showed an increase in circumscribed volume, with an oval shape in the right side mental region, with a floating and resilient consistency, asymptomatic on palpation (Figure 1). No cervical changes were observed. Intraoral examination showed asymptomatic swelling in the vestibular mucosa, adjacent to tooth 45, with slow growth, yellowish coloration, with a 4-year history of evolution, associated with paresthesia in the right mental region (Figure 2).

Figure 1: Volume increase circumscribed in mental region on the right side. 1A: front view. 1B: upper view.

No systemic changes were reported and surgical removal was indicated.

Under local infiltrative anesthesia, an incision was made in the vestibular mucosa to access the lesion (Figure 3). Subsequently, blunt dissection was performed to the exposure and isolation of the mental nervous vascular bundle, as it was in intimate contact with the edges of the lesion, removing the lesion. Local hemostasis and suture of the surgical site were performed (Figure 4), which was removed in 7 days. The piece was conditioned in a 10% formaldehyde bottle, and did not submerge, according to the peculiar feature of the lipomas, because the density of the adipose tissue was lower than the fixative liquid (Figure 5). The histopathological examination confirmed the diagnostic hypothesis of lipoma (Figure 6).

Figure 2: Asymptomatic, yellowish colored increase in volume, in right side vestibular mucosa.

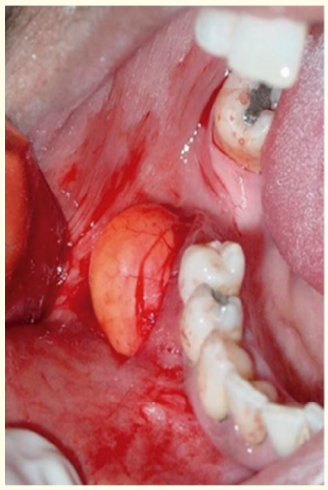

Figure 3: Exposure of the lesion after mucosa incision and blunt dissection

Figure 4: Suture of the surgical site.

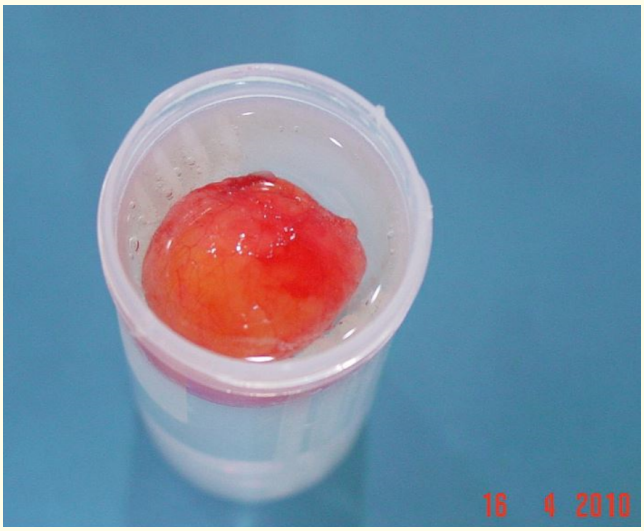

Figure 5: Piece was conditioned in a 10% formaldehyde bottle, and did not submerge, indicating the diagnosis of lipoma.

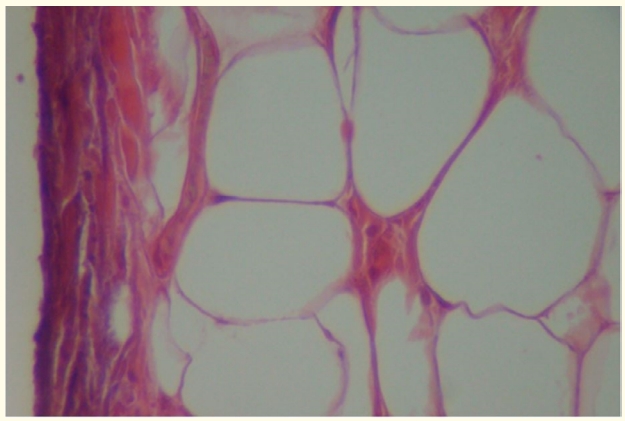

Figure 6: Histopathological aspect of the lipoma (coloration: hematoxylin-eosin; greater magnification).

The patient is in follow-up, with total regression of paresthesia in the right mental region, and no signs of recurrence after 10 years of surgical procedure.

Discussion and Conclusion

Clinically, the lesion was found in the region of vestibular mucosa, with a resilient and floating consistency, a single nodular base, slow growth and yellowish coloration, in agreement with some studies [2,3,4,9-11]. Atypically, paresthesia was observed in the right mental region, considering the intimate contact of the lesion with the mental nervous vascular bundle, possibly caused by the compression of the lesion to the mentioned anatomical structure [10,12,13]. Despite the higher incidence in males, the patient was found in the age group with the highest peak incidence of injury, between 40 and 70 years [5,7,9].

Regarding differential diagnosis, ranula, epidermoid cysts, dermoids and pleomorphic adenomas should be included. In cases of superficial lesions, as in the present report, the clinical hypothesis suggested by the signs and symptoms, associated to the surgical exploration were sufficient for an accurate diagnosis. In deeper and infiltrative pathologies, such as salivary gland lipomas, computed tomography is of great value to discard vascular involvements and delimit adjacent noble anatomical repairs [1-3,7,14-16].

Lipomas evaluated by computed tomography presented specific densities ranging from -134 to -83 Houunsfield units, with margins not always well delimited [2]. Additionally, ultrasonography can help in the diagnosis, and the lesions are elliptical or round in shape, being covered with an intact capsule, hypoechoic with ecogenic or stained lines. On magnetic resonance imaging they appear as hyperintense areas associated with circumscribed and hypointense margins [17-19].

In the reported case, the histopathological examination confirmed the diagnosis of simple lipoma, according to the predilection of this type for localization in vestibular mucosa. Other microscopic variants indicate the same conduct and prognosis, except for the intramuscular type, being more rare in the oral and facial region, with reports of recurrence by the infiltrative pattern [7,10,12,16].

The preconized treatment was surgical excision, which, in the present report, by means of the excisional biopsy of the lesion, preserved the integrity of the mental nervous vascular bundle. The use of electrocautery was contraindicated by the proximity to the mental vascular nervous bundle, being indicated in some cases for the separation of the pseudocapsule from the adjacent tissue lesion [8]. Due to the location and size of the lesion, and ease of access, the lipoma was completely removed, maintaining the pseudocapsule [8,11].

In the present report, it is worth noting that the patient only sought private practice due to mental paresthesia and impairment of facial aesthetics. However, this lesion presents an excellent prognosis when diagnosed early.

Another important finding is the long time it takes the patient to seek specialized dental treatment for this pathology, which often only happens when it presents some compromise of facial aesthetics, phonetics or adaptation of dental prostheses.

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