ISSN: 2581-5989

International Journal of Dental Science and Innovative Research (IJDSIR)

IJDSIR : Dental Publication Service

Available Online at: www.ijdsir.com

Volume – 1, Issue – 1, May – June - 2018, Page No. : 23 - 26

Angiolipoma- A Rare Case Scenario

Dr. Krishna Shekhar Reddy, M. D. S.

Saveetha Dental College And Hospitals, Velappanchavadi, Chennai, Tamil Nadu , India

Correspondence Author: Dr.Krishna Shekhar Reddy, M. D. S., Saveetha Dental College And Hospitals, Velappanchavadi, Chennai, Tamil Nadu , India

Type of Publication: Original Research Paper

Conflicts of Interest: Nil

Abstract

Angiolipoma, a subtype of lipoma, is a rare benign mesenchymal tumor. It is common in the extremities with rare occurrence in the oral cavity. In this case report, we present a case of non infiltrating type of angiolipoma present in the buccal mucosa which was surgically excised under local anaesthesia and the specimen was histopathologically examined. The histopathological examination revealed mature adipocytes arranged in sheets separated by thin fibrous connective tissue with interspersed vessels.

Introduction

A mesenchymal tumor of benign orgin composed primarily of mature adipocytes is known as Lipoma [10]. The surrounding tissues are separated by a thin fibrous capsule. Based on their histopathologic appearance they are subclassified into Angiolipoma, spindle cell lipoma, myelolipoma, chondrolipoma and myxolipoma which are some of the logical variants of lipoma[10,11].

Histopathologically when adipose tissues are intermingled with vascular components, they are known as Angiolipoma, a subtype of lipoma [1]. The tumor occurs commonly in the trunk and extremities, especially in the forearm with very rare occurrence in the soft tissue of the oral region. It is further classified into infiltrating and non-infiltrating type of angiolipoma[1-10].

In this report, a rare case presentation on clinical, macroscopical and histopathological features of angiolipoma excised from the cheek is discussed.

Case Report

A 63 year old male patient reported to the department of oral medicine with the chief complaint of painless swelling in his left side cheek region for past 6 months which was smaller in size and gradually increased to the present size following a traumatic injury. On general examination, the patient is hypertensive and under medication for past 2 years. Physical examination showed a good physique and nutritional status, with no abnormalities in the trunk and extremities.

A head and neck extra oral examination showed a symmetrical facial configuration, no abnormal sensation or motor palsy of the cheek, and no significant cervical lymphnode enlargement.

On intraoral examination(Fig 1) revealed a solitary, well defined, amber colored sessile lobulated growth roughly measuring approximately about 3 × 2cm in dimension with dispersed whitish areas evident in the left buccal mucosa along the occlusal plane level and not attached to the underlying tissue. Extending approximately 3 cm away from the commisure of lip anteriorly, and 5 cm away from the retromolar region posteriorly, supero-inferiorly 3 cm away from buccal upper and lower vestibule in relation to 26 and 36 tooth region respectively. The surrounding

mucosa appears normal. The growth was soft in consistency, non tender on palpation and no secondary changes evident.

Based on the patient's history and clinical examination the provisional diagnosis of traumatic fibroma was given, along with a differential diagnosis of mucocele, fibroepithelial polyp, hemangioma, lipoma, granulofibroma, solitary fibrous tumor.

On clinical diagnosis the growth in the buccal mucosa, was surgically excised under local anaesthesia. Since the mass was surrounded by a thin capsule and was not adherent to the surrounding tissue, detachment was easy and the mass was removed as a lump.

Microscopically,(Fig 4) the mass presented with an epithelium and connective tissue. The epithelium was hyperplastic with exhibiting features like basilar hyperplasia, acanthosis and hyperparakeratosis. The underlying connective tissue showed larger vascular spaces lined by thin endothelium and engorged with RBC's and in some areas mature adipocytes are interspersed with vessels. There is also evidence of capillary sized vessels, few chronic inflammatory cells, extravasated RBC's and muscle fibres. And histopathological diagnosis was given as Angiolipoma of left buccal mucosa.

Discussion

Bowen in 1912 reported with the first case of Angiolipoma a subtype of lipoma[1]. Angiolipomas commonly occur below the surface of the skin in the extremities, abdomen, chest and back, and especially in the forearms and tend to be multiple[2,3]. Angiolipomas can occur at any age, but are relatively common in adolescence and the twenties[2,3]. Angiolipomas consist of mature adipocytes and proliferating vascular endothelial cells and are into a non-infiltrating type with a capsule and an infiltrating type based on histological presentation[2,3].

The aetiology of lipoma is still a mystery. However, in literature, trauma is also mentioned as one of aetiological factors[8]. There are two different opinions about the occurrence of so called traumatic lipomas. The first is that, after trauma, adipose tissue prolapses through fascia, resulting in lipoma formation[9]. Angiolipoma in the oral cavity was first reported by Davis et al.[4] as a tumor occurring in the hard palate. To our knowledge, there are only 22 cases of Angiolipoma in oral soft tissues[4-22] including our case; therefore, such cases are extremely rare. The 22 patients comprised 12 males and 10 females; i.e., the incidence in males is slightly higher. The age at the first consultation ranged from 1 to 81 years old and the mean age was 32.1 years old. The mean disease period was about 3 years and 2 months, and consequently the mean onset age was assumed to be about 29 years old. This onset age does not differ significantly from that of 21 to 24 years old found in cases of systemic Angiolipoma[2,3]. Compared with other common lipomas in the oral cavity, which have a mean onset age of 51.9 – 60.2 years old[23-25]. Angiolipomas in soft tissues appear to occur in younger individuals . This may be because vascular components grow more rapidly than lipoma tissues.

Out of all the 21 cases the chief complaint were a mass or a swelling and 6 cases were associated with tenderness. The overlying skin or mucosa appears yellow /pink colour. In contrast Angiolipoma in the oral cavity was not associated with family history or multiple onset

References

[1]. Bowen JT.Multiple subcutaneous hemangiomas, together with multiple lipomas, occurring in enormous numbers in an otherwise healthy, muscular subject. Am J Med Sci 1912;144:189-92.

[2]. Howard WR, Helwig EB. Angiolipoma. Arch Dermatol 1960;82:924-31.

[3]. Lin JJ, Lin F. Two entities in angiolipoma. A study of 459 cases of lipoma with review of literature on infiltrating angiolipoma. Cancer 1974;34:720-7.

[4]. Davis GB, Stoelinga PJ, Tideman H, Bronkhorst F. Angiolipoma of the hard palate: a case report and review of the literature. J Maxillofacial Surg 1976;4:242-4.

[5]. Flaggert 3rd JJ, Heldt LV, Keaton WM. Angiolipoma of the palate. Report of a case. Oral Surg Oral Med Oral Pathol 1986;61:333-6.

[6]. Puig I, Moreno A, de Moragas JM. Infiltrating angiolipoma: report of two cases and review of the literature. J.Dermatol Surg Oncol 1986;12:617-9.

[7]. Epivatianos A, Markopoulos AK, Papanayotou P.Benign tumors of adipose tissue of the oral cavity: a clinicopathologic study of 13 cases.J Oral Maxillofacial Surg 2000;58:1113-7.

[8]. Fregnani ER, Pires FR, Falzoni R, Lopes MA, Vargas PA. Lipomas of the oral cavity: clinical findings, histological classification and proliferative activity of 46 cases. Int J Oral Maxillofac Surg 2003;32:49-53.

[9]. Furlong MA, Fanburg-Smith JC, Childers EL. Lipoma of the oral and maxillofacial region: site and subclassification of 125 cases. Oral Surg Oral Med Oral Pathol Oral Radiol Endo 2004;98:441-50.

[10]. Auo HJ, Kang JM. Infiltrating angiolipoma of the nasopharynx: adjacent to an aberrant internal carotid artery. Auris Nasus Larynx 2009;36:247-50.

[11]. Regezi JA, Sciubba J. Oral pathology: clinicalpathologic correlations. 2nd edn. Philadelphia: WB Saunders, 1993:235-7.

[12]. Williams TP, Stewart JCB. Soft tissue cysts and benign neoplasms. In: Fonseca RJ. ed Oral and Maxillofacial surgery. Philadelphia: WB Saunders, 2000:127-51.

Figure

Figure 1: Extra oral photograph of the patient showing no gross facial asymmetry.

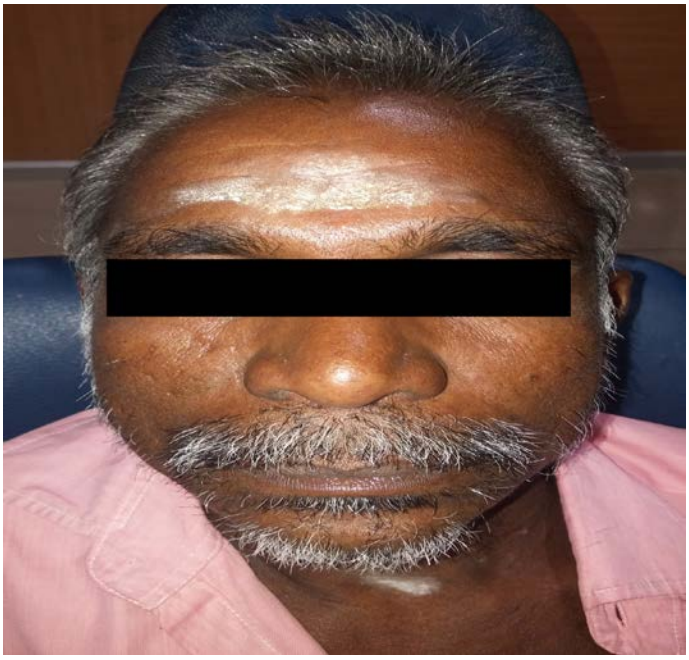

Figure 2 : The single, sessile, well defined lobulated amber colored intra oral growth.

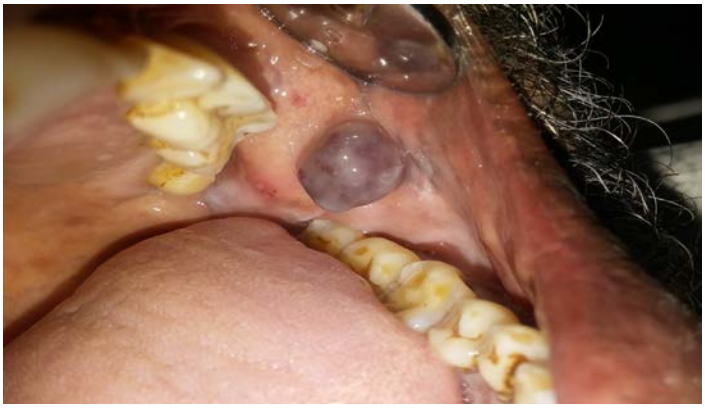

Figure 3 : The excised specimen.

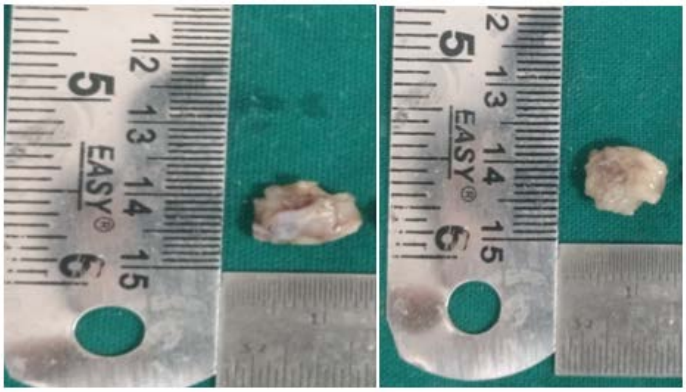

Figure 4 : The histopathological page showing mature adipocytes arranged in sheets separated by thin fibrous connective tissue with interspersed vessels.