Vulvar Lipoma – A Case Series

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Abstract: Lipomas are the most common benign tumours of soft tissues. However, conventional lipomas have been reported only rarely as presenting in the vulva. We present a case of vulvar lipoma in a 40 yr-old woman which is the 4th case reported in adults.

I. Introduction

A variety of lesions may present as mass at the vulva, such as Bartholin cyst, mucous cyst, epidermal cyst, fibroma, fibromyxoma, lipoma, haemangioma. Lipomas are most common soft tissue tumour derived from mesenchymal cells, but vulval lipomas are so rare that very few cases are reported in world literature¹.¹-⁷ We present a case of vulvar lipoma in a 40 year old female. She underwent surgical excision. Follow up of six month has shown her to be asymptomatic.

II. Case Report

1) A 32 years old female presented with chief complaints of soft mobile mass at lower end of right side of labia majora since 3 years. Swelling is slowly progressive in size causing discomfort while walking. No history of pain, discharge, engorged veins. No other swellings noted. No other complaints. On examination soft mass of size 7 x 4 cms in subcutaneous plane of right labia majora, non tender, non reducible, freely mobile not fixed with underlying structures, slip sign positive. Ultrasound revealed a fatty mass of size 6.4 x 3.2 cms in subcutaneous plane of right labia majora. Fine needle aspiration cytology confirmed diagnosis. Excision and Biopsy done under spinal anaesthesia. Wound was closed primarily with excess of skin. Histopathological evaluation showed an encapsulated tumour composed of lobules of mature adipocytes confirming it to be a lipoma. Post operative cause was uneventful. Follow up of 6 months has shown her to be disease and symptomatic free.

Fig.1 Lipoma in right labia majora  Fig.2 Specimen after Excision
2) A 28 years old female with chief complaints of soft mobile mass at left side of labia majora since one and half year. Swelling is slowly progressive in size causing discomfort while walking. No history of pain, discharge, engorged veins. No other swellings noted. No other complaints. On examination soft mass of size 5 x 3 cm in subcutaneous plane of left labia majora, non tender, non reducible, freely mobile not fixed with underlying structures, slip sign positive. Ultrasound revealed a fatty mass of size 5 x 3 cms in subcutaneous plane of left labia majora. Fine needle aspiration cytology confirmed diagnosis. Excision and Biopsy done under spinal anaesthesia. Wound was closed primarily with excess of skin. Histopathological evaluation showed an encapsulated tumour composed of lobules of mature adipocytes confirming it to be a lipoma. Post operative course was uneventful. Follow up of 6 months has shown her to be disease and symptomatic free.

3) A 55 year old female presented with swelling in the left labia majora which is a soft swelling, since 2 years. Cough impulse was negative, non reducible, freely mobile, not fixed to underlying structures. Slip sign positive, Ultrasound scan reveals a size of 9x6 cms swelling in subcutaneous plane of left labia majora. FNAC done and it confirmed as lipoma. Excision and Biopsy done under spinal anaesthesia and sent for HPE. HPE report revealed an encapsulated tumor composed of lobules of mature adipocytes, confirming it to be a lipoma.
III. Discussion

Lipomas are the most common soft tissue tumours. These slow-growing, benign fatty tumours form soft, lobulated masses enclosed by a thin, fibrous capsule. Common sites are upper back, neck, abdomen. Lipomas occur in 1% of the population. But there are very few reports of conventional lipomas in vulva, and after the review of world literature, there are only six cases reported, ours is the 8th and 9th (Table 1). Exact aetiology for lipomas development is not known but there are speculation regarding a potential link between trauma and lipoma formation or increase in size. It has also been suggested that trauma-induced cytokine release triggers pre-adipocyte differentiation and maturation. While the exact aetiology of lipomas remains uncertain, An association with gene rearrangements of chromosome 12 has been established in cases of solitary lipomas, as has an abnormality in the HMGA2-LPP fusion gene. Vulval lipomas needs to be differentiated from liposarcomas. Preoperative biopsy or MRI is helpful. Complete surgical excision with the capsule is advocated to prevent local recurrence in case of lipoma, while wide local excision will be required for liposarcoma.

Table no 1. Cases of Vulval lipomas reported in literature

<table>
<thead>
<tr>
<th>Author</th>
<th>Age of patient (yr)</th>
<th>Duration</th>
<th>Site</th>
<th>Size (cms)</th>
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<tbody>
<tr>
<td>De Lima Filho et al2</td>
<td>35 years</td>
<td>10 years</td>
<td>Right labia majora</td>
<td>10</td>
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<tr>
<td>Fukamizu et al3</td>
<td>7 months</td>
<td>7 months</td>
<td>Right labia majora</td>
<td>3.5 5.5 3.5</td>
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<tr>
<td>Van Glabeke et al4</td>
<td>5 months</td>
<td>5 months</td>
<td>Preputium Clitoridis</td>
<td>Unknown</td>
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<tr>
<td>Kehagias et al5</td>
<td>52 years</td>
<td>Unknown</td>
<td>Right labia majora</td>
<td>17 13 7</td>
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<tr>
<td>Agarwal et al6</td>
<td>35 years</td>
<td>6 months</td>
<td>Left labia majora</td>
<td>4.4</td>
</tr>
<tr>
<td>Jung Hoon Lee et al7</td>
<td>17 years</td>
<td>12 months</td>
<td>Right labia majora</td>
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<tr>
<td>Pravin N.Tungenwar</td>
<td>40 years</td>
<td>2 years</td>
<td>Right labia majora</td>
<td>4.5 3.5</td>
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<td>Current case 1</td>
<td>32 years</td>
<td>3 years</td>
<td>Right labia majora</td>
<td>6.4 3.2</td>
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<td>Current case 2</td>
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<td>1 ½</td>
<td>Left labia majora</td>
<td>5.3</td>
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<tr>
<td>Current case 3</td>
<td>55 years</td>
<td>2 years</td>
<td>Left labia majora</td>
<td>9.6</td>
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</tbody>
</table>

IV. Conclusion

Vulvar lipoma is extremely rare. In a period of 6months we diagnosed 3 cases of vulval lipomas in our institute. To our knowledge, until 7cases are reported in literature.

References