

Large Vulvar Lipoma in an Adolescent: A Case Report

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ABSTRACT

Lipomas of vulva have been reported only rarely. Benign tumors of the vulva are normally classified according to their origin as epithelial cell tumors (e.g., keratinocytic, adnexal and ectopic tumors), or mesenchymal cell tumors (e.g., vascular, fibrous, muscular, neural, adipose and melanocytic tumors). Vulvar lipomas need to be differentiated from liposarcomas, which are rare but are very similar to lipomas clinically. Here we present a rare case of large vulvar lipoma in an adolescent girl. JMS 2011;14(1):28-29

Key words: Lipoma, keratinocytic tumor, liposarcoma

Lipomas are the most common benign tumors of soft tissues. Most reported cases of vulvar lipomas involved adults and presented since birth. Although lipomas are well-known fatty tumors both clinically and pathologically, their precise etiology is unknown. However, one of the most commonly implicated etiologic factors is chronic minor trauma and chronic irritation.

Conventional lipomas of vulva have been reported only rarely. Benign tumors of the vulva are normally classified according to their origin as epithelial cell tumors (e.g., keratinocytic, adnexal and ectopic tumors), or mesenchymal cell tumors (e.g., vascular, fibrous, muscular, neural, adipose and melanocytic tumors). Vulvar lipomas need to be differentiated from liposarcomas, which are rare but are very similar to lipomas clinically. Recently, CT and MRI have been used with some success to differentiate between the

two. However, biopsy should be performed by surgical excision, to exclude the possibility of malignant tumors. Although lipomas are the most common benign tumors in soft tissues derived from mesenchymal cells, for the vulva they are so rare that there are very few reports. Here we document a case of such a rare large vulvar lipoma in an adolescent with a review of the literature.

Case Report

A 16-yr-old adolescent girl, presented to our hospital complaining of a soft, movable mass in the left labia majora. She reported that it caused discomfort during routine work. The mass had grown gradually over one year. There was no family history or abnormality in the routine laboratory tests. Tumorectomy was carried out under spinal anesthesia. An elliptical incision was made over the skin of the vulva longitudinally as to conceal the scar from being visible. Mass was extracted carefully. There was no difficulty in surgery because the mass was well-encapsulated. After the removal, a closed suction drainage system was applied and secure suturing was followed by compressive dressing. The excised specimen measured 11×6.5×5.5 cm and it was surrounded

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Table1: Cases of conventional vulvar lipomas reported in the literature

Authors	Age of	Duration	Site	Size (cm)
De Lima Filho <i>et al</i>	35 Years	10yrs	Right labia majora	10.0
Fukamizu <i>et al</i>	7 months	7 months	Right labia majora	3.5 × 5.5 × 3.5
Van Glabeke <i>et al</i>	5 months	5 months	Preputium clitoris	Unknown
Kehagias <i>et al</i>	52 Years	Unknown	Right labia majora	17 × 13 × 7.0
Agarwal <i>et al</i>	35 Years	6 months	Left labia minora	4.0 × 4.0
Jung Hoon Lee, <i>et al</i>	17 Years	12 month	Right labia majora	8.2 × 5.5 × 3.8
Current case	16 Years	1 yrs	Left labia majora	11 × 6.5 × 5.5

by a fibrous capsule. Histological sections showed lobulated and homogeneous mature adipose tissue, and the histopathologic diagnosis was consistent with lipoma

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Discussion

Lipomas are the most common benign tumor in soft tissue. Common sites are the upper back, neck, shoulder and abdomen. Lipomas have been identified in all age groups, but usually first appear between 40 and 60 yr of age. Whereas solitary lipomas are more common in women, the presence of multiple lipomas (lipomatosis) is more common in men. Variants seen include spindle cell lipomas, pleomorphic lipomas, angiolipomas and adenolipomas. There are very few reports on conventional lipomas in the vulva (Table 1). In 1969, De Lima Filho *et al*² reported a case of a 35-yr-old woman. In 1982, Fukamizu *et al*³ reported a case of a large pedunculated vulvar lipoma in an infant, which had been present since birth. In 1999, Van Glabeke *et al*⁴ reported a case of a neonate with a vulvar lipoma observed in the preputium

clitoridis. Kehagias *et al*⁵ described CT findings for a large pedunculated vulvar lipoma measuring 17×13×7 cm in a 35-yr-old woman and concluded that ultrasound, CT and magnetic resonance imaging (MRI) were useful tools to reveal the lipomatous consistency of these tumors and to differentiate them from vulvar cysts. The most recent report by Jung Hoon Lee and Seung Ming Chung described a 17-yr-old adolescent with a lipoma arising from the right labia majora.⁷ In our case, we speculate that the lipoma in this patient was due to chronic intermittent irritation of the soft tissue.

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