



RESEARCH ARTICLE

GLUTEAL LIPOMA-A RARELY ENCOUNTERED SITE

Aher Kalyani Dnyaneshwar¹ and Ramprasad Murmure²

1. Postgraduate Resident, Department of General Surgery, Lokmanya Tilak Municipal Medical College and Hospital, Sion Mumbai.
2. Assistant Professor, Department of General Surgery, Lokmanya Tilak Municipal Medical College and Hospital, Sion Mumbai.

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Abstract

Lipoma A benign (not cancer) tumor made of fat cells. common subcutaneous tumor composed of adipose (fat) cells, often encapsulated by a thin layer of fibrous tissue. Lipomas are very common, affecting about 1 in every 1,000 people. They are the most common type of tumor that forms under the skin. They grow slowly and are not cancerous. Most lipomas don't need treatment. In this case report we present a case of gluteal lipoma a rare site.

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Introduction:-

Lipoma is more common, found 1 in 1,000 people.

It's estimated that about 2% of people have a lipoma. These benign tumors can pop up at any age, but they're most often seen in folks who are middle-aged, especially between 40 and 60 years old. Lipomas affect all kinds of people, but they do appear a bit more in women compared to men.

Where do they show up? Well, lipomas can grow pretty much anywhere on the body. It's not common, but sometimes they can appear on muscles, internal organs, or even the brain. Most people have just one lipoma. However, it's possible to have more than one. Generally speaking, you'll find most lipomas just under the skin on areas like the:

- Arms or legs
- Back
- Neck
- Shoulders
- Trunk (that's the chest & torso)
- Forehead

Causes

Healthcare providers aren't really sure why lipomas form. They seem to run in families. So, if someone in your family has one, there's a higher chance you'll develop a lipoma too.

Some health conditions can lead to multiple lipomas cropping up on the body. Here are a few things that might cause them:

- Dercum's disease: This rare condition can lead to painful lipomas that usually show up on the arms, legs, and trunk. It's also known as adiposis dolorosa or Anders' syndrome.

Corresponding Author:- Aher Kalyani Dnyaneshwar

Address:- Postgraduate Resident, Department of General Surgery, Lokmanya Tilak Municipal Medical College and Hospital, Sion Mumbai.

- Gardner syndrome: A type of familial adenomatous polyposis (FAP), Gardner syndrome can cause lipomas along with other health issues.

- Hereditary multiple lipomatosis: Sometimes called familial multiple lipomatosis, this is an inherited condition.

- Madelung's disease: This mostly affects men who drink a lot of alcohol. Also known as multiple symmetric lipomatosis, it leads to lipomas forming around the neck & shoulders.

Symptoms - Lipomas usually don't hurt, but sometimes they can feel uncomfortable, especially if they're pushing on a nerve or close to a joint. A lot of folks with a lipoma might not notice any symptoms at all. Generally, lipomas are:

- Encapsulated: They stay contained and don't spread into nearby tissues.

- Painless: But, some can cause pain depending on where they are, how big they are, & if blood vessels are around.

- Round or oval-shaped: These fatty bumps feel kind of rubbery and are usually symmetrical.

- Moveable: They sit right under the skin and shift when you touch them.

Types - All lipomas are made up of fat. Some even have blood vessels or other bits in 'em. There are various types of lipomas, such as:

- Angiolipoma: This one has fat along with blood vessels. Angiolipomas can often hurt.

- Conventional: The most common type; it includes white fat cells that store energy.

- Fibrolipoma: This one's made of fat with fibrous tissue mixed in.

- Hibernoma: This unique type contains brown fat. Most lipomas have white fat. Brown fat cells create heat & help control body temperature.

- Myelolipoma: These kinds mix fat with tissues that make blood cells.

- Spindle cell: The fat cells here are longer than they are wide.

- Pleomorphic: In these lipomas, you'll find fat cells that come in different sizes & shapes.

Diagnosis—A clinician usually spots a lipoma during a physical exam. You might need a biopsy to make sure that the lipoma isn't cancer. Sometimes, these lumps get confused with cysts. To get a better look at the lump, your healthcare provider might request imaging tests like an ultrasound, MRI, or scan. These imaging studies can help the provider figure out if it's a lipoma or an cyst. They also show the lipoma's location, how deep it is, whether it's got blood vessels, and if it's pressing on nerves or other tissues.

Treatment—Most lipomas don't need to be taken out unless they hurt or need a formal diagnosis. Some folks choose to have them removed if they're in a spot that's easy to see & they don't like how they look. The most common way to remove a lipoma is by cutting it out surgically or using liposuction.

Giant lipomas are pretty uncommon. They usually grow over many years, often being slow and steady, taking 10 to 15 years sometimes. A giant lipoma is a benign tumor that's larger than 10 centimeters in any direction or weighs over 1,000 grams. The biggest skin lipoma reported was by Brandler in 1894 and weighed 22.7 kg. It was found in the shoulder area of a 26-year-old man.

Case Study

a 40yr female, came with complaints of right gluteal swelling since 4 years, insidious in onset, gradually increasing in size associated with discomfort while sitting, no history associated fever, redness, discharge. No history of trauma, TB, No any comorbidities. on examination- patient was well nourished, oriented to time, place, person, p-84bpm, bp- 120/80mm of hg, local examination- on inspection- no redness or discharge, on palpation- non tender, non indurated, soft, capsulated lump, slip sign positive, (fig 01). CT pelvis- large well defined fat density lesion of size 19*7.8*7.7cm noted in pelvic region extending from s2 vertebrae to subcutaneous plane in gluteal region. no solid component noted. Mass related to surrounding structure anteriorly- abutting the cervix, vagina, and posterior wall of bladder, posteriorly- abutting rectum and anal canal which is displaced left posterolaterally, laterally- reaching up to lateral pelvic wall and related to the internal iliac artery in its entire course. Features suggestive of lipoma. MRI pelvis – large bilobed 8.5*7.1*18.8cm sized well defined encapsulated lesion appearing homogeneously T1/T2 hyper intense Lesion, noted in midline and right half of pelvis extending from the s2 vertebral body further seen herniating into the right ischioanal fossa and ischioanal fossa into subcutaneous plane adjacent to the right gluteal region. Anteriorly -abutting and displacing posterior wall and dome of the bladder, compressing the cervix and vagina which displaces the uterus anterosuperiorly. Posteriorly- abutting the coccyx and right gluteus maximus muscle, the sacrum and coccyx vertebrae. Medially- compressing and displacing the rectum and anal canal to the left with rectal jelly administration significant luminal compromise noted. Laterally- abutting the right obturator Internus. Superiorly- lesion reaching up to the rectosigmoid junction. Inferiorly- herniating up to the ischianal region and causing a perineal bulge. Bilateral sciatic nerves are normal in size, signal intensity and shows normal fascicular pattern. Features suggestive of right perirectal lipoma (fig 02). Managed by surgical removal of lipoma- first diagnostic laparoscopy was done in supine position under general anaesthesia, to look for attachment of

lipoma and it's intraabdominalrelation with other anatomical structures.After confirming the findingsin same setting in lithotomy position by local approachlipoma was removed.Fromright gluteal region through approximately 6 to 7 cm ellipticalincision lipomawas dissected cranial direction ,lipoma was very closed to anal canal and rectum but not adhere to the surrounding structures ,specimen was sentfor histopathological examination.(Fig 03).

Histopathological examination suggestive of lipoma.



Fig. 01:-



Fig. 04:- Excised specimen.

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