Biomedical Journal of Indonesia
Journal Homepage: https://www.jurnalkedokteranunsri.id/index.php/BJI/index

Giant Lipoma of The Breast: Special Clinical Finding

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ARTICLE INFO

Keywords:
Lipoma
Lipoma of The Breast
Giant Lipoma

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All authors have reviewed and approved the final version of the manuscript.
https://doi.org/10.32539/BJI.v7i2.296

ABSTRACT

Lipomas are the most common benign tumors of mesenchymal origin. Lipoma of breast is somewhat difficult to diagnose clinically because of fatty consistency of breast. Giant lipoma is the mass of lipoma that exceeds at least 10 cm in one dimension or weighs a minimum of 1000 gr.Only very few case reports giant lipoma of the breast available in literature because rarity in size and location. Due to the fatty composition of the breast, difficulties in diagnosis, threatment, and reconstruction are often encountered.Presently, we have reported a case of this rare entity in 49 years old female with giant tumor of the left breast that most of its mass, causing breast asymmetry and feel heavy. The operative finding: looks like lipoma between pectoralis major muscle and pectoralis minor muscle with a diameter of 31 cm and weighs 3.1 kg. After excision the tumor we need to mammoplasty.Pathology anatomy examination showed a lipoma.

1. Introduction

Lipoma is a slow growing benign tumor originating from mesenchymal tissue containing fibrous capsule fat, constituting 4-5% of all benign tumors in the human body. Giant lipoma is a lipoma where the size reaches or exceeds 10 cm and weighs more than 1000 grams. The highest incidence of lipoma in the breast is at the age of 40-60 years, giant lipoma in the breast is a rare case, and is rarely discussed in the literature because of its size and location of its rare occurrence. Giant lipoma on the breast is a challenge in the medical field. In diagnosing giant lipoma, it requires more accuracy in the history, physical examination and even supporting examinations because the breasts have normal fat tissue so that it is difficult to distinguish them from lipomas. Patients with giant lipoma on the breast usually only complain that the breast is asymmetrical and feels heavier than the healthy side of the breast, so the patient seeks treatment when the size is very asymmetrical and / or the patient complains of being uncomfortable with the weight of the breast on the side of the giant lipoma, so that the management other than excision of the tumor requires reconstruction of the breast. By doing breast reconstruction, it becomes a challenge in itself to get maximum reconstruction results so that good cooperation between patient and doctor is needed. Periodic control can detect recurrence of lipoma in the breast early so that it can be managed quickly.

Clinical Assessment

A female patient 49-year-old came with complaints of an enlarged left breast since 6 months ago.From the history, it was found that the patient's left breast had begun to enlarge since 4 years ago but grew bigger six months before the hospital, the left breast grew bigger and made the patient's breast not. symmetrical. The patient also complained of weight on the left breast.

Complaints of pain in the left breast are not felt. There was no history of discharge, blood and pus through the left nipple, no history of skin on the right breast such as orange peel and no pulling of the left nipple. There are no other lumps on other parts of the body. Nausea and a feeling of fullness in the gut is absent. No cough, no shortness of breath, no chest pain. There was no severe headache, no spurting of vomiting. There is no significant weight loss. Fever does not exist. There are no complaints about urinating and defecating. The age of the patient's menarche was 14 years, menstrual length 4-5 days, regular cycles of 28-30 days. The patient is still menstruating. The patient had 3 children, gave birth to their first child at the age of 28 years. History of breastfeeding for all children for 2 years. A history of using injectable contraceptives for 2 years. There is no history of radiation to the chest wall. No history of diabetes mellitus, no history of hypertension. No history of heart disease. No family history of having tumors / breast cancer or other tumors / cancers. There is no history of previous operations. The patient is a farmer.

On physical examination, the patient's vital signs and generalist status were normal. Status of localists in the left mammae region:

- Inspection: visible enlarged breasts to the size of the ball of the foot, nipple retraction (-), skin discoloration to purple red (-), skin dimple (-), peau de'orange (-), ulceration (-), nipple discharge (-)
- Palpation: soft mass palpable, ill defined, not fixed, diameter ± 30 cm, tenderness (-)

The working diagnosis in this patient was initially benign neoplasm of the breast and differential diagnosis of gigantomastia. Then performed a complete blood count and a normal AP chest X-ray. The results of the Mamae ultrasound were obtained according to the gigantomastia, then an EKG was carried out and an internal medicine consultation was carried out to plan the tumor excision and reduction of the left breast. The patient underwent surgery with clinical / preoperative: gigantomastia left. Surgical findings: looks like Lipoma and Liposarcoma between m. pectoralis major and m. pectoralis minor with a diameter of 31 cm and a weight of 3.1 kg. The results of the macroscopic anatomical pathology of lipoma: a piece of fatty tissue, nodular surface, smooth, yellow cross section, chewy-solid, capsule (+), partial print and microscopic: visible pieces of tissue consisting of proliferation of mature fat cells diffuse to form lobules which are separated by thin connective tissue septa. Partially hyperemic capillaries were seen in between. On the outside there is a connective tissue capsule. No breast tissue is visible in this preparation.

In this case there is a diagnostic difficulty where the initial working diagnosis which was diagnosed with benign neoplasm of the breast and the differential diagnosis of gigantomastia turned out to be the result of intra-opration of a lipoma impression and was supported by a definite diagnosis of the results of the anatomical pathology examination which indicated a lipoma. Difficulty in diagnosis in cases of lipoma in the breast is due to rare cases and the little literature that discusses giant lipoma in the breast and also the anatomy of the breast itself contains fatty tissue. In this patient, the giant lipoma is located between the pectoralis minor and major muscles according to the theory that the lipome is a benign tumor originating from the mesenchyme which can be located anywhere in the human body. In this case, atrophy occurs in the pectoralis major muscle and the breast gland itself due to compression by the tumor.

In the management of this patient, the team performed surgery in the form of excision of the tumor to remove all parts of the giant lipoma where the excision had to cover the capsule of the tumor to prevent recurrence. After excision of the tumor, the team performed reconstruction of the mother with a vertical mammaplasty technique with a superior pedicle because it did not cause tension.

2. Conclusion

In cases of breast enlargement without a clear time to think about the possibility of giant lipoma, careful diagnosis is needed. The presence of a giant lipoma in the breast makes the management of the patient more complex in addition to excising the tumor but also to

reconstruct the breast that has been operated on. Periodic follow-up is essential to assess the results of breast reconstruction and also assess whether a recurrence has occurred.

Figure 1. Pre operation photo

Figure 2. Intraoperative Photo

Figure 3. Tumor Size 31 cm

Figure 4. Tumor weight of 3100 grams

Figure 5.Post surgery photos

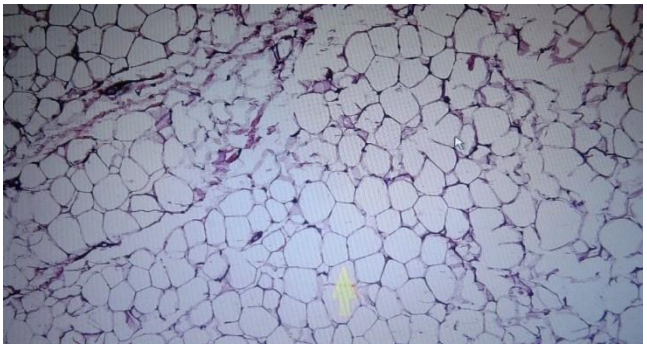

Figure 6. Photo of anatomical pathology

3. References

1. Hall-Findlay J. Elizabeth, Evans R.D. Gregory. Aesthetic and Reconstructive Surgery of The Breast, Saunders Elsevier. 2010;206.
2. Lanng C, Eriksen BO, Hoffmann J. Lipoma of the breast: a diagnostic dilemma. Breast. 2004;13:408–411
3. Sanchez MR, Golomb FM, Moy JA, et al. Giant lipoma: case report and review of the literature. J Am Acad Dermatol. 1993;28:266–268
4. Li YF, et al. Giant lipoma of the breast: a case report and review of the literature. Clin Breast Cancer, 2011; 11(6): 420-2.
5. Hawary MB, et al. Giant breast tumors. Ann Saudi Med., 1999; 19(2): 174-6.

6. Muttarak M, Chaiwun B. Imaging of giant breast masses with pathological correlation. Singapore Med J, 2004; 45: 132-139.
7. Pui MH, Movson IJ. Fatty tissue breast lesions. Clin Imag, 2003; 27: 150-155.