

## Case Report

# Giant Cervical Lipoma: Case Report

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## Abstract

**Background:** Lipoma is benign tumors originates from fat tissue. They mostly arise on the trunk and extremities.

**Case report:** We report a 32-year-old male with cervical giant lipoma; he underwent surgery with favorable outcome. Our case report focus on a rare effected location.

**Conclusion:** Giant cervical lipoma is unusual presentation of lipoma. Differential diagnosis of lipoma is liposarcoma should always keep in mind.

**Keywords:** Giant cervical lipoma; Lipoma; Cervical; Tissue

## Introduction

Lipomas constitute approximately 5% of all soft tissue tumors. They have the potential to develop in various regions of the body, but they most commonly arise on the extremities and trunk. A lipoma is classified as giant when it exceeds 10 cm in size or weighs more than 1000 g [1]. While lipomas of the head and neck are more prevalent in men, solitary lipomas in other locations are more frequently observed in women [2].

## Case Presentation

A 32-year-old male patient was referred to our hospital with a palpable mass at the back of the neck for 5 years. The patient had no history of head and neck surgery or trauma and did not have any systemic diseases. He had a history of slow-growing mass without any signs of inflammation or decreasing in size. There was some discomfort and limitation of head movement caused by the tumor. Physical examination revealed a soft, mobile, painless giant tumor filling the posterior cervical region. CT scan showed a lipomatous tumor extending from upper thoracic vertebrae to occipital bone and located subcutaneously at the back of the neck. It was well-circumscribed with a capsule and there was no infiltration into surrounding muscles (Figure 1). Patient was operated under general anesthesia with preliminary diagnosis of lipoma. Encapsulated lipoma was excised in piecemeal fashion. One Jackson-Pratt drain was placed to prevent hematoma and it was removed next day. No postoperative complication has been seen (Figure 2) and the pathology report confirmed preliminary diagnosis. There was no recurrence and the patient was symptom-free at his 12-month follow-up.

## Discussion

Lipomas are non-cancerous growths consisting of mature

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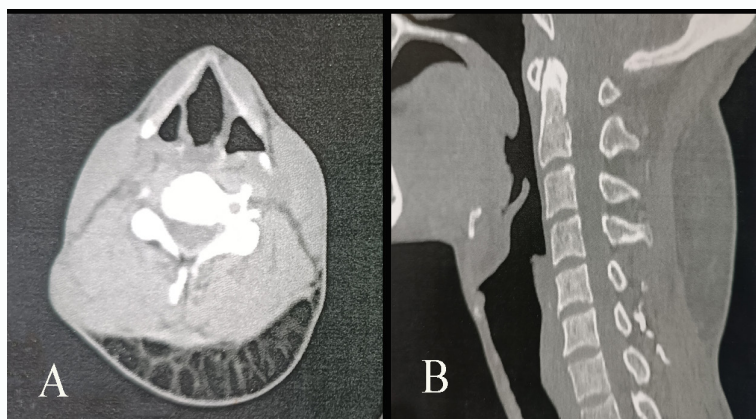
adipocytes (fat cells) encapsulated by a thin layer of fibrous tissue [3]. Most giant neck lipomas tend to grow slowly and exhibit no noticeable symptoms, primarily causing cosmetic concerns for the patients. Despite their substantial size and appearance, these lipomas rarely lead to respiratory difficulties, except in cases where a portion of the lipoma protrudes into the airway, particularly with para- or retropharyngeal lesions. The exact causes and mechanisms leading to the development of lipomas remain unclear. However, it has been proposed that genetic, endocrine, and traumatic factors may play a role in their etiology and pathogenesis [4]. Accurately distinguishing between giant lipomas and liposarcomas holds significant importance in medical evaluation. Unlike lipomas, liposarcomas are well-defined tumors but lack a true encapsulation [5]. Utilizing preoperative MRI or CT imaging can be beneficial in accurately assessing the extent of the tumor and its relationship with surrounding tissues. Achieving complete excision of the lipoma along with its capsule typically results in very rare instances of recurrence, and it also allows for a definitive histopathologic diagnosis to be obtained [6].

## Conclusion

Giant lipomas located on the anterior neck are extremely rare. Preoperative biopsy and histopathologic verification is recommended in such cases. Complete surgical excision through wide exposure minimizes the risks of recurrence and injury to the vital neck structures.

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**Figure 1:** CT-scan of the neck revealed lipoma in the cervical region.



**Figure 2:** Photo of the patient after one month from surgery.