

A very rare case of Retroperitoneal Lipoma : A case report

OBJECTIVE: is to present a very rare case of retroperitoneal lipoma .

CASE REPORT: A 58 year old , menopausal lady presented with history of abdominal swelling for last 1 year with slow progression and pain in left leg for last 3 months. Pt. was known diabetic for Last 3 years with well controlled glucose levels.

On examination, abdomen was uniformly distended, soft ,smooth, non tender mass with I'll defined margins was palpable. It was reaching upto xiphisternum.

Blood tests did not show any significant Pathology. USG showed huge ,well defined cystic lesion 17×9.6×16.5 cm. Arising from left adenexal region pushing the uterus towards right side with mild hydronephrosis .MRI pelvis with contrast showed 17.3×10.7×16.7 cm purely fat containing mass with small fluid containing areas in left adenexal area.Mass was lobulated in shape displacing uterus towards right and gut loops superiorly. Posteriorly the mass lesion was abutting the psoas muscles, iliac vessels and was bulging through the sciatic notch. No enhancing solid component was seen.The pt. underwent laparotomy which revealed a huge encapsulated retroperitoneal lipoma arising from left adenexal area. It was on ilio psoas muscle and extending into the inguinal canal. The mass consisted of pale yellow fatty tissue. The mass was removed successfully followed by Total Abdominal hysterectomy and bilateral salphingo oophorectomy.Post operative recovery was uneventful and the patient was discharged on 3rd post operative day. Histopathology report showed Lipoma ,composed groups and sheets of Lipocytes with washed out cytoplasm and nuclei compressed to one side. Fibro collagenous capsule also seen.No evidence of malignancy seen.

DISCUSSION:lipomas are encapsulated benign tumors of adipose tissue which can manifest at any fat containing body part . Retroperitoneal lipoma are exceedingly rare and about 20 cases are reported in literature in last 40 years. These tumors are slow growing and can reach huge sizes. They are benign in nature but the definitive treatment is total mass excision with capsule. They mostly manifest in 5th and 6th decades of life with no gender predominance. Exact pathogenesis is not known. Familial tendency is seen in few cases. A pelvic lipoma may extend into the inguinal or perineal regions. They are soft mobile usually asymptomatic and become symptomatic when they reach considerable sizes.

Less than 5% of all lipomas may recur. So long term follow up is required.

CONCLUSION: Retroperitoneal lipoma should be considered during differential diagnosis of abdominal and pelvic masses

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