

Recurrent Giant Vulvar Lipoma

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Introduction

Lipomas are the most common tumours of soft tissue. Vulvar lipomas are rare with only a few case reports in the literature. Giant lipoma was defined as a size of at least 10 cm in one dimension, which can cause discomfort or cosmetic issues.

Case Study

A 37-year-old lady para 2 presented to the gynaecology service for progressive painless 10cm right labial lump for the past 1-year (Figure 1). This has caused her discomfort during ambulation and embarrassment during sexual intercourse. She had a previous right vulval lipoma with documented complete capsule excision in 2017.

On examination, the mass had a diameter of around 10cm, was soft and fluctuant with no surrounding skin changes. There were no other lumps on the body. Other external and internal genitalia examinations were normal. Primary diagnosis was lipoma but in view of the recurrence and large size of the mass, we were worried about malignancy change.

Magnetic Resonance Imaging of the pelvis reported an 10cm encapsulated mass confined to subcutaneous plane with no deep pelvic extension, predominantly of fat signal but small irregular areas and thin septae of non-adipose signal possibly a well-differentiated liposarcoma (Figure 2). A complete excision was performed and pathology revealed benign spindle cell lipoma (Figure 3). Vulvar reconstruction was performed with a simple closure (Figure 4). Histological examination revealed spindle cell lipoma with no malignant findings (Figure 5). Post-operative recovery was uneventful and there has been no recurrence in 2-year follow up.



Figure 1. Right labial majora lump

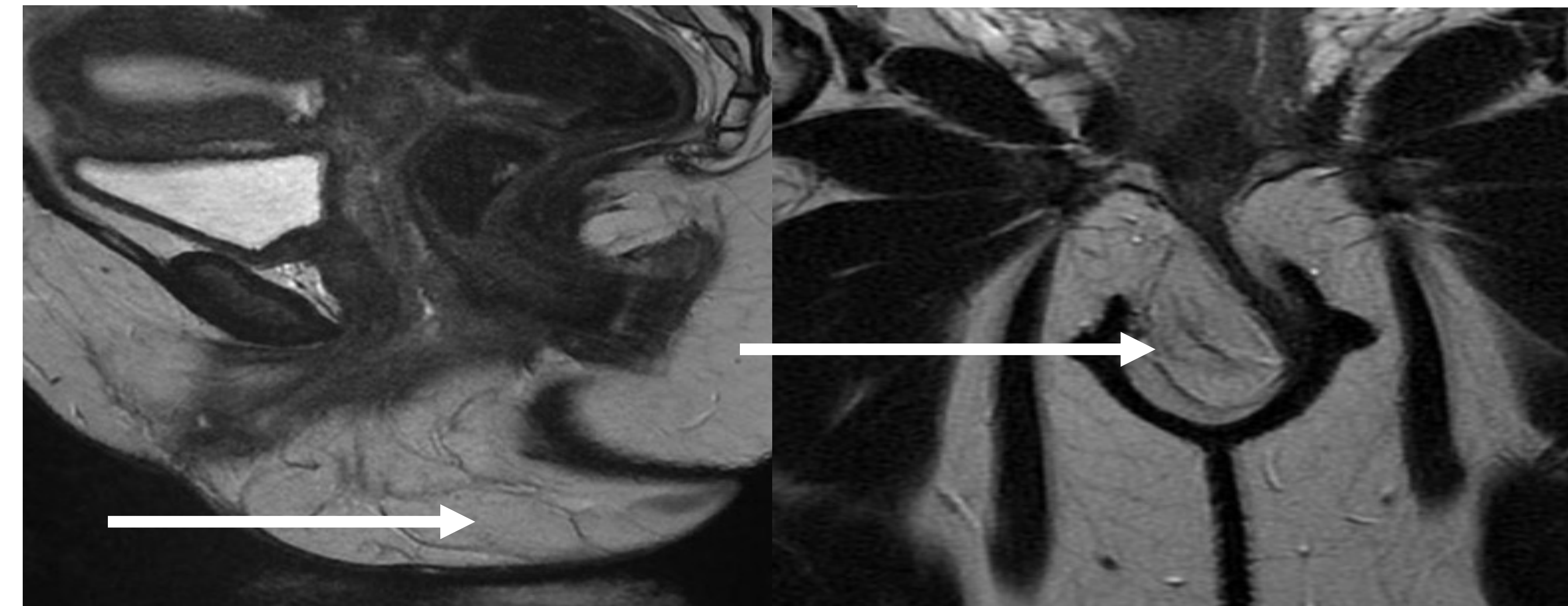


Figure 2: Coronal (left) and sagittal (right) T2 views of Mass Resonance Imaging of the pelvis

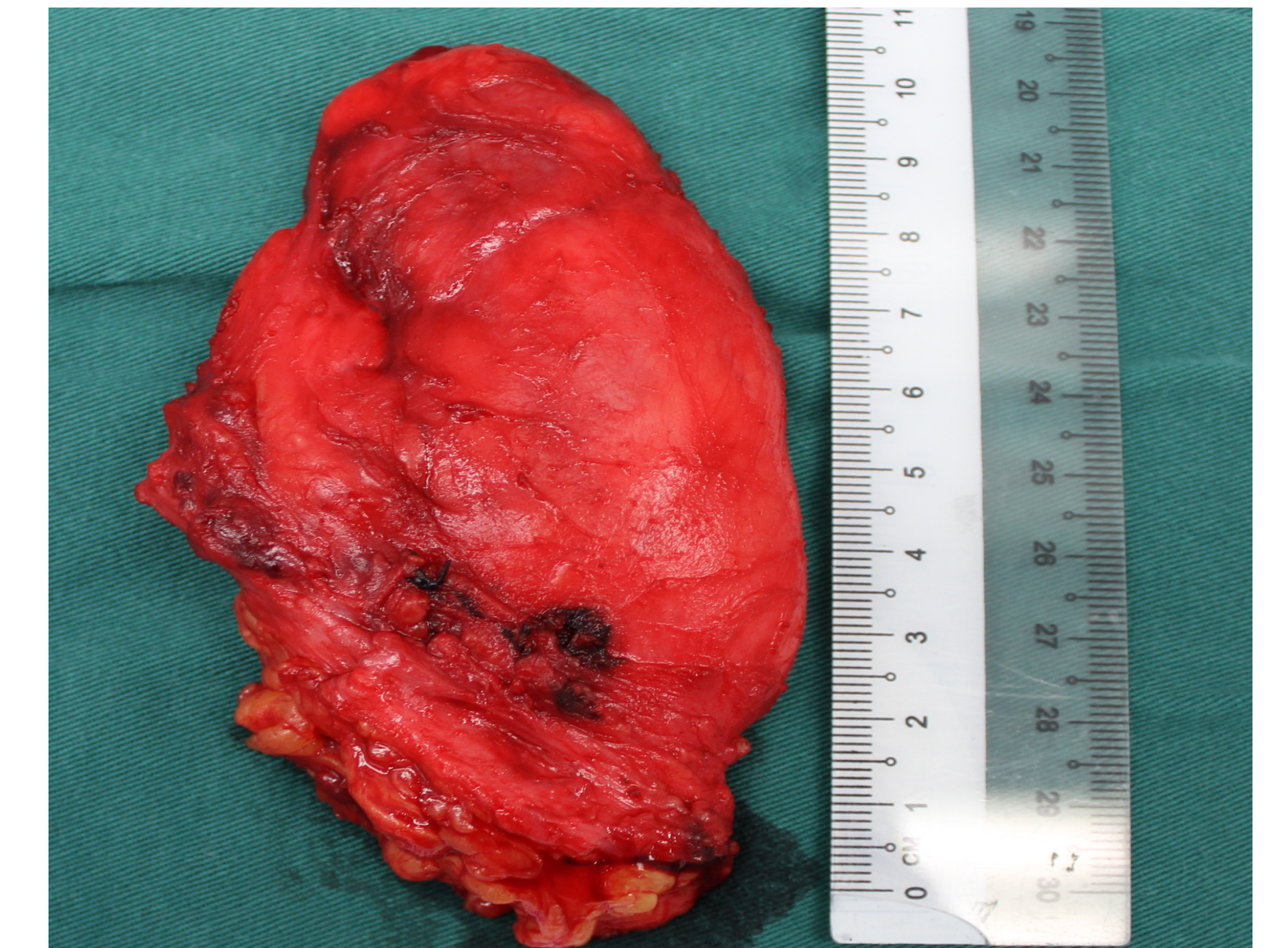


Figure 3. Cut section of the mass specimen reviewing a polyploid, encapsulated, soft tissue mass measuring 10cm in length



Figure 4. Reconstruction of right labial majora

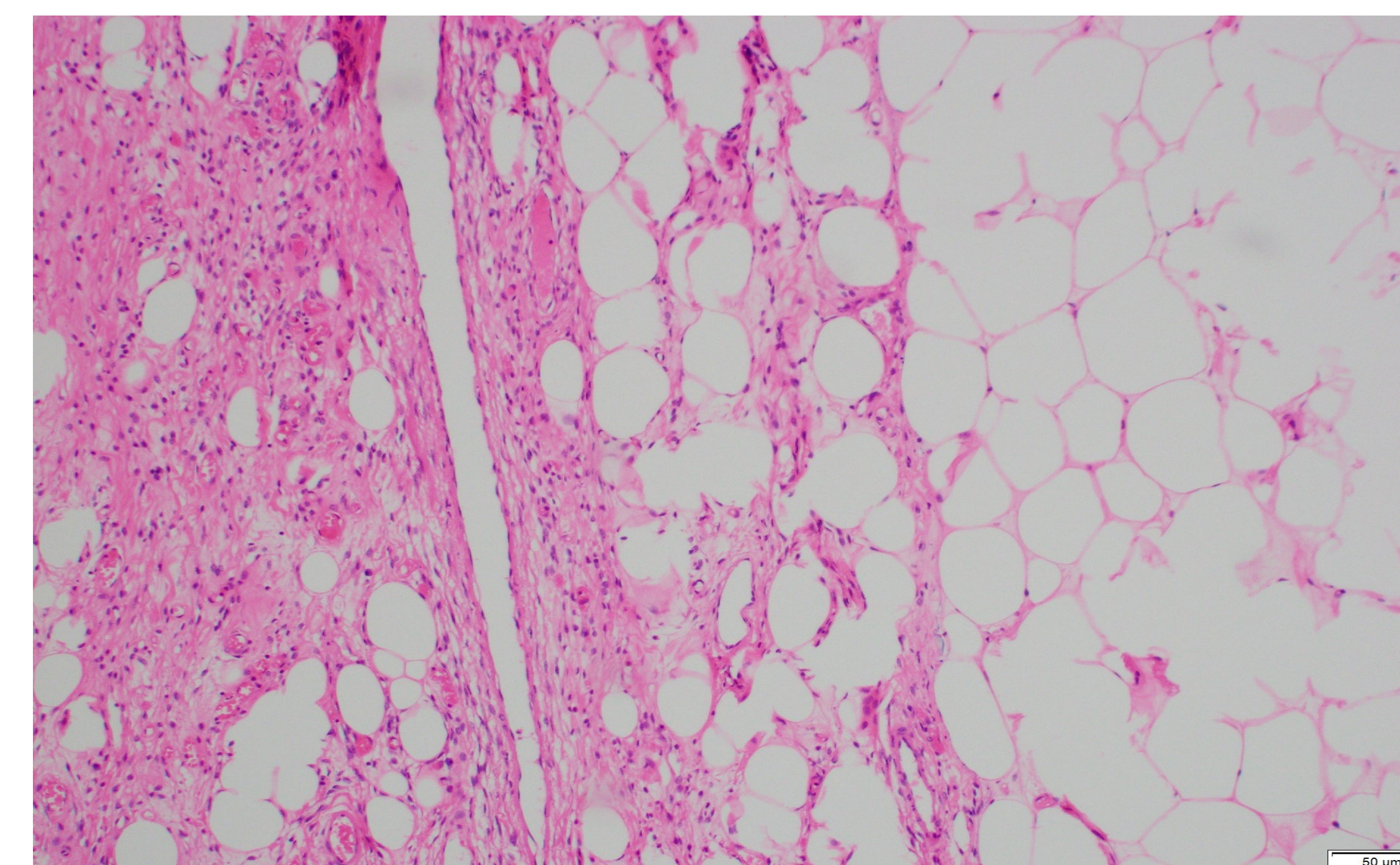


Figure 5. Photomicrograph showing lipomatous tumour composed of lobules of mature adipocytes admixed with bands of thin, uniform spindle cells arranged in short fascicles and ropy collagen. No cytological features of malignancy was seen.

Discussion

- Vulvar lipoma usually presents with single or multiple painless slow growing swelling, causing discomfort during walking, dyspareunia and dull dragging pain in the vulvar area¹.
- The pathophysiology is suspected to be mainly trauma, but obesity and genetic abnormalities have been reported².
- Clinical examination can diagnose lipoma, however it has been misdiagnosed as Gartner's cyst, inguinal hernia, Nuck and Bartholin's gland, femoral hernias etc.
- Imaging such as ultrasound and MRI can aid in diagnosis.
- Vulvar lipomas may be difficult to differentiate from liposarcoma due to very similar clinical and imaging findings³.
- Complete excision of the capsule is diagnostic and important to prevent recurrence of lipoma.

Conclusion

Vulvar lipoma is rare but can cause significant functional and cosmetic issue if left alone. Surgery is both diagnostic and therapeutic.

Reference

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