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Bilateral Giant Axillary Lipoma: A Rare Entity

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Abstract
Background: *Lipomas are the most common mesenchymal soft tissue tumours encountered in surgical practice. They can occur anywhere in the body, but the common sites are subcutaneous tissue of trunk, nape of the neck and limbs. Giant lipomas measure more than 10cm in diameter and are very rarely seen in the axillary region.*
Case Report: *We hereby report a case of 35-year-old woman who presented with huge asymptomatic bilateral axillary mass that had been enlarging for 18 years. She underwent surgical excision, and the masses were found on histopathological examination to be benign lipomas.*
Discussion: *Lipomas are not frequently seen in the axilla. Clinically, malignancy should always be considered in tumours around the axilla, especially when the tumour is large. Management of a giant lipoma involves complete surgical excision because of its well-defined pseudocapsule.*
Conclusion: *Giant axillary lipomas are rarely encountered in clinical practice and careful surgery with precautions offer a satisfactory result.*
Keywords: *axilla, lipoma, axillary mass.*

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I. Introduction

Lipomas are the most common mesenchymal soft tissue tumors, benign in nature, most common site being trunk and extremities. Most of the lipomas are small and discrete swelling. They are usually asymptomatic with estimated incidence of 10 %. Axilla is an uncommon reported localization while bilateral giant axillary lipomas are rare. We report a rare case of bilateral giant axillary lipoma.

II. Case Report

A 35 year old lady, presented with bilateral axillary mass that has been gradually enlarging for the past 18years, with minimal symptoms of mild pain over the swellings on strenuous activity and tight clothing. Physical examination revealed painless, soft mass measuring $18 \times 16 \times 5$ cm^3 on right that filled both the axilla. On abduction of the arms, the swellings were free hanging from both axilla. The lump was soft in consistency, with positive sign of pseudo-fluctuation. No skin changes dimpling or engorged veins were present. Right sided brachial, radial and ulnar pulses were well felt. Power of all the forearm and hand muscles was adequate (Grade V). Other systemic examinations were normal. Laboratory investigations were within normal limits.
Ultrasound showed oval, hyperechoic, well-delineated homogeneous soft tissue mass with a circumscribed margin and no involvement of the axillary neurovascular bundle, in both axilla.
The breast was considered normal on clinical and radiological examination.
Fine needle aspiration cytology from bilateral swellings suggested lipoma.
Surgical excision of right axillary swelling was done on 1/6/19 and the left axillary swelling excision was done on 23/3/2020. Postoperative recovery was uneventful. Histopathology showed the lesion composed of mature adipose tissue, features suggestive of lipoma (benign).

III. Discussion

Considered “one of the most innocent of tumours”, lipomas rarely cause symptoms. Cutaneous lipomas are primarily a cosmetic problem but occasionally can cause functional limitation or lymphoedema. The axillary region is an unusual reported site for lipomas. This relatively low frequency of axillary lipomas is probably underestimated due to the fact that most of the lipomas of the axilla are more classical in their size and often escape attention.

Nevertheless, large lipomas are not frequently seen in the axilla. Clinically, malignancy should always be considered in tumours around the axilla, especially when the tumour is large.

The mechanism for the uncontrolled growth of such lipomas remains unclear. However, it was proposed that after a blunt trauma, rupture of the fibrous septa, which prevent migration of fat, accompanied by tears in the anchorage between the skin and the deep fascia may result in proliferation of adipose tissue. Although our case had no history of trauma and since the axillary region is one of the most moveable parts of the body, there might have been local proliferation of adipose tissue from repeated exposure to micro traumas with each movement of the upper limbs.

Clinically, malignancy should always be considered in tumours around the axilla, especially when the tumour is large. The differential diagnosis of female axillary lesions includes breast parenchymal lesions such as carcinoma, intraductal papilloma, fibroadenoma, and fibrocystic disease.

One of the most important differential diagnoses is that of axillary lymph node metastases from carcinoma of the breast, which should be excluded first. Although the sarcomatous transformation of giant lipoma has been reported, it is extremely uncommon in cutaneous lipoma. Liposarcomas, the most common soft tissue sarcoma in adults, rarely originate in the chest and are usually discovered as large tumours. Myxoid liposarcomas, one of the five major morphological subtypes of liposarcomas, account for 40-50% of these tumours.

The management of giant lipoma involves complete surgical excision because of the ease of dissection owing to the typically well-defined pseudocapsule of the giant lipoma.

Liposuction and suction-assisted lipectomy also have been reported; However, large haematomas and recurrence caused by incomplete removal of the neoplasm are possible complication of liposuction in such an indication. In case of a deep lipoma adjacent to vital structures such as the major nerves and vessels, surgeons may injure these structures during blind aspiration, which may cause neuromuscular dysfunction with paralysis and massive bleeding. Hence, surgical excision is preferred.

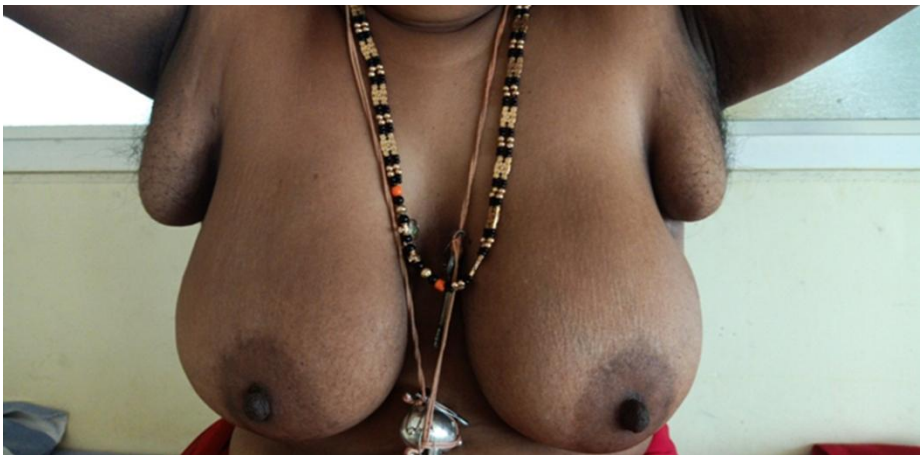

Figure 1. Preoperative view of patient with bilateral axillary lipoma

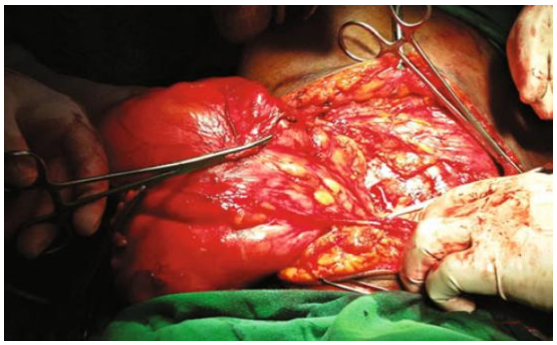

Figure 2. Intraoperative specimen was delivered carefully.

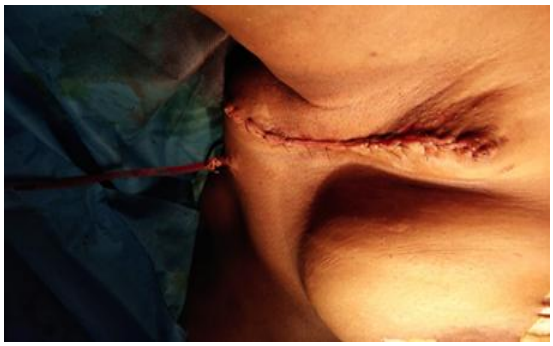

Figure 3. Postperative view

Figure 4. Macroscopic view of the specimen, with intact pseudocapsule.

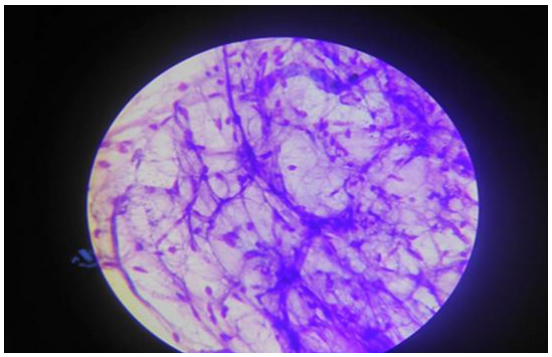

Figure 5. Microscopic view suggestive of lipoma.

IV. Conclusion

The lumps were successfully excised surgically without any serious complications and there was no recurrence.

Liposuctions have been reported as effective treatment of giant lipomas. However, large hematomas and regrowth due to incomplete removal are possible complications.

Surgical excision is still preferable; especially to avoid damage caused by tumor compression to the major vessels or nerves, to offer better local control and to establish a correct final diagnosis.

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