

Parotis Bezi Derin Lobtan Kaynaklanan Dev Lipom: Olgu Sunumu

Giant Lipoma Arising From The Deep Lobe of The Parotid Gland: Case Report

Mümtaz Taner Torun¹, Yusuf Yalçın², Ümit Tuncel¹

¹ Erzincan Üniversitesi Tıp Fakültesi Kulak Burun Ve Boğaz Anabilim Dalı

² Ahi Evran Üniversitesi Tıp Fakültesi Kulak Burun Ve Boğaz Hastalıkları Anabilim Dalı

Özet

Başvuru Tarihi: 05.03.2014 Kabul Tarihi: 10.07.2014

Baş ve boyun bölgesindeki lipomlar göreceli olarak seyrekdir. Nadiren parotis bezinden kaynaklanırlar, parotis tümörlerinin % 0,6-4,4 ünü lipomlar oluştururlar. Parotis bezi derin lobu kaynaklı lipomlar daha da nadir görülürler. Çoğunlukla asemptomatik, ağrısız ve yavaş büyüyen şişlik olarak kendini belli eder. Nadir görülmelerinden dolayı parotis tümörlerinin ayırıcı tanısında akla gelmezler bu yüzden de cerrahi tedavisi tartışmalıdır. Bu makalede parotis bezi derin lobtan kaynaklanan ve parafarengeal alana da uzanan dev lipomlu bir olgu sunulmuştur.

Anahtar Kelimeler: Lipom, parotis, derin lob, parafarengeal alan

Abstract

Application: 05.03.2014 Accepted: 10.07.2014

Lipomas in the head and neck region are uncommon. Rarely, they can develop in the parotid gland with reported incidence ranges from 0,6 to 4,4% among parotid tumors. The deep lobe of parotid gland lipoma is even rarer clinical entity. They are mostly a painless, asymptomatic and slow growing swelling. Because of their rarity, they are not often considered in the differential diagnosis of parotid tumors. Therefore, surgical management of lipomas in the parotid gland is controversial. In this article we described a case of giant lipoma arising from the deep lobe of the parotid gland and also extended to the parapharyngeal space.

Keywords: Lipoma, parotid gland, deep lobe, parapharyngeal space

Introduction:

Lipomas in the head and neck region are relatively rare entities. They are most commonly presenting in the posterior subcutaneous neck.^{1,2} Rarely, they can develop in the parotid gland with reported incidence ranges from 0,6 to 4,4% among parotid tumors.³ The deep lobe of parotid gland lipoma is even rarer clinical entity. They are mostly a painless, asymptomatic and slow growing swelling. They appear most frequently in the fifth and sixth decades of life with a definite male predominance.^{1,3} Because of their rarity, they are not often considered in the differential diagnosis of parotid tumors. Therefore, surgical management of lipomas in the parotid gland is controversial.

In this article we described a case of giant lipoma arising from the deep lobe of the parotid gland and also extended to the parapharyngeal space.

Case:

An informed consent form signed by the patient. A 57 year old male patient applied to our clinic with a nonpainful lump on the left side of his face (Figure 1). He has had this lump for three years. Clinical examination revealed a mobile, soft and nontender mass, measuring 8 x 7 cm, over the region of the left parotid area. The surface of the mass was smooth and the overlying skin was normal without any signs of discoloration or tumor adhesion. Oropharyngeal examination revealed that left lateral pharyngeal wall was pushed medially without any airway compromise. There was no cervical lymphadenopathy and other head and neck examination was normal. Bilateral facial nerve and all lower cranial nerves (IX–XII) were intact. There was no history of trauma or infection.



Figure 1:
Preoperative view

The contrast enhanced high resolution computerized tomography (HRCT) scan of upper neck region showed a homogenous, lobulated low density mass in the parotid gland with extension in the left parapharyngeal space (Figure 2). Fine needle aspiration biopsy was performed and fibrofatty tissue were seen histopathologically. Under general anesthesia, a modified Blair incision was performed and then the main trunk of the facial nerve was identified at the stylomastoid foramen. The mass was exposed all around and was found to be well encapsulated. The anterior-inferior portion of the tumor was extending to the deeper plane of the facial nerve. It originated from the deep lobe of the parotid gland. The mass was removed with a little part of deep lobe, preserving the branches of the facial nerve. The surgical specimen was well encapsulated measuring 8 x 7 cm. The histopathologic examination reported it as a lipoma (Figure 3). The patient had an uneventful recovery with a satisfying facial contour and intact facial nerve function postoperatively (Figure 4). Neither tumor recurrence nor Frey's syndrome was observed 15 months after the surgery.

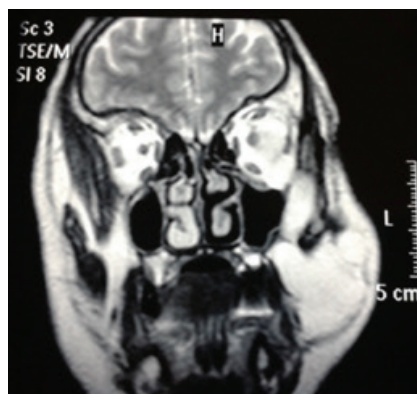


Figure 2: 8 x 7 cm, homogenous, lobulated low density mass in HRCT

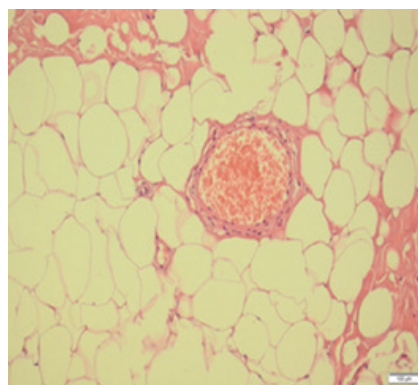


Figure 3:
Encapsulated lesion with adipose tissue and a blood vessel in the section (hematoxylin-eosin, original magnification x 200)



Figure 4:
Postoperative view
(15th month)

Discussion:

Lipomas represent 20 % of all benign mesenchymal tumors of the salivary glands and were defined by Nagao et al. in 2001.^{4,5} Rarely, they can develop in the parotid gland with reported incidence ranges from 0,6 to 4,4% among the parotid tumors.⁶ The deep lobe of parotid gland lipoma is even rarer clinical entity, nearly 10 cases in literature.^{1,6,7} They appear most frequently in the fifth and sixth decades of life with a male dominance¹ Our patient was 57 year old and his tumor was originated from the deep lobe of the parotid gland.

Regarding the pathogenesis, Nagao et al. suggested that the glandular component had become entrapped during lipomatous proliferation and believed that it was not of neoplastic origin.⁵

Heredity, obesity, diabetes, trauma, radiation, endocrin disorders, insulin injection and corticosteroid therapy are sometimes implicated as possible etiologic factors.⁸ We didn't find any etiologic factor in our patient. Lipoma in the parotid gland can be difficult to diagnose clinically probably due to low index of suspicion. Ultrasonography can also be used for parotid masses as a first step imaging technique. HRCT or magnetic resonance (MR) imaging can aid the diagnosis and the extension of the tumor.⁹ A homogeneous and well capsulated hypodense mass in contrast to the hyperdense normal parotid tissue was seen in HRCT. In our patient, a 8 x 7 cm, homogeneous, well capsulated and lobulated mass found in contrast enhanced HRCT. There was no evidence about ma-

lignancy like heterogeneous density, intralesional hemorrhage and necrosis, irregular margin or extension into the surrounding tissues.

The deep lobe parotid lipomas may extend to the connective tissues of the neck, between the sternocleidomastoid and digastric muscles or into the parapharyngeal space.¹ Pain and facial paralysis are uncommon. In our patient lipoma was extended to the left parapharyngeal space and an asymmetry was seen in oropharyngeal examination.

Fine-needle aspiration is useful in determining parotid gland masses, but its accuracy drops to lower than 50 %.¹⁰ In our case fine needle aspiration biopsy was performed and the fragments of adipose tissue and mucinous material were revealed.

Lipomas of the parotid gland are encapsulated tumors of soft consistency, characterized by mature adipocytes in a lobular arrangement which replace the normal gland parenchyma.⁴ Neither intraoperative gross findings nor diagnostic imaging can exclude malignancy such as liposarcoma; therefore, pathologic examination is essential. Pathology department reported our case as a lipoma. There was no evidence of malignancy histopathologically.

Surgical management of parotid lipoma is controversial. Enucleation, superficial parotidectomy and total parotidectomy were performed by different researchers. Wu and Kim reported sialolipoma of parotis and performed enucleation and they have had no recurrence postoperatively.^{1,9} Ryu et al. treated the lipoma of the parotis by superficial parotidectomy.⁸ Doğan et al. reported that superficial parotidectomy is the usual surgical treatment for parotid gland lipomas with near total absence of recurrence.¹⁰ Chakravarti et al. reported a deep lobe lipoma and they performed total parotidectomy; postoperatively, their patient had grade III facial nerve paresis which improved in 6 weeks.⁶ Analysis of previous series reveals that around 50 % of the reported cases have developed transient or permanent facial weakness postoperatively.⁶ We excised the giant mass with a little part of deep lobe, preserving the facial nerve branches. Postoperatively there was no complication such as facial paralysis, hemorrhage, infection or Frey's syndrome.

Conclusion:

Giant lipomas involving the deep parotid lobe are extremely rare. Surgical management of deep lobe lipoma is controversial and challenging and should be performed by experienced surgeons. We suggest that the lipoma can be enucleated or excised with a little part of the gland despite the giant size when the preoperative radiologic and the intraoperative findings that have a clear margin and benign.

Kaynaklar

1. Wu CW, Chi HP, Chiang FY, Hsu YC, Chan LP, Kuo WR. Giant lipoma arising from deep lobe of the parotid gland. *World J Surg Oncol.* 2006; Jun 2;4:28.
2. El-Monem MH, Gaafar AH, Magdy EA: Lipomas of the head and neck: presentation variability and diagnostic work-up. *J Laryngol Otol.* 2006; 120(1):47-55.
3. Walts AE, Perzik SL: Lipomatous lesions of the parotid area. *Arch Otolaryngol* 1976; 102(4):230-232.
4. Seifert G, Donath K, Schafer R: Lipomatous pleomorphic adenoma of the parotid gland: classification of lipomatous tissue in salivary glands. *Pathol Res Pract.* 1999;195: 247-252,.
5. Nagao T, Sugano I, Ishida Y, Asoh A, Munakata S, Yamazaki K, et al. Sialolipoma: a report of seven cases of a new variant of salivary gland lipoma. *Histopathology.* 2001 Jan;38(1):30-36.
6. Chakravarti A, R Dhawan, Shashidhar TB, Shakuntala, Sahni JK. Lipoma of the deep lobe of parotid gland – a case report and review of literature. *Indian J. Otolaryngol. Head Neck Surg.*(April–June 2008); 60: 194–196.
7. Gooskens I, Manni JJ. Lipoma of the deep lobe of the parotid gland: report of 3 cases. *ORL J Otorhinolaryngol Relat Spec.* 2006;68(5):290-295.
8. Ryu JW, Lee MC, Myong NH, Chung M, Park DK, Kim JT, et al. Lipoma of the parotid gland. *J Korean Med Sci.* 1996 Dec;11(6):522-525.
9. Kim DS, Kwon H, You G, Jung SN. Surgical treatment of a giant lipoma in the parotid gland. *J Craniofac Surg.* 2009 Sep;20(5):1601-1602.
10. Doğan S, Can IH, Unlü I, Süngü N, Gönültaş MA, Samim EE. Sialolipoma of the parotid gland. *J Craniofac Surg.* 2009 May;20(3):847-848.