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Case Report

SIALO-LIPOMA (NEW VARIANT OF LIPOMA)

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ABSTRACT

Lipomatous tumours of the parotid gland are uncommon, and represent only 0.5% of all benign salivary tumours.. Sialolipoma is a new variant of salivary gland lipoma, consisting of adipose and glandular tissue that was first proposed by Nagao et al. in 2001. 16 cases of parotid gland sialolipoma associated with glandular elements have been previously reported in the literature These tumors have been observed in both the major and minor salivary glands, . All have been in adults and one in infant. We present the case of sialolipoma that had developed in a female without prior history of trauma presenting diagnostic dilemma as neoplasm. It was managed successfully by superficial parotidectomy.

Keywords: Lipoma, Tumour, Parotid gland, Benign neoplasms, Adenoma.

INTRODUCTION

Sialolipoma is a new variant of lipomatous tumour of salivary gland composed of well demarcated proliferation of mature adipocytes with secondary entrapment of salivary gland element, First reported by Nagao in 2001¹

Any site within the oral and maxillofacial region may be involved with the parotid gland being the most common². The origin of the lipomatous proliferation is controversial. In the original description of seven cases, Nagao *et al* . believed that sialolipomas were lipomas with secondary entrapment of salivary gland elements. We think that the term sialolipoma implies a definite origin from the salivary gland mesenchymal tissue as reported by Ponniah *et al*. The recent world health organization classification of head and neck tumors described sialo-lipomas only in the soft tissue tumors of the salivary glands as "lipomas entrapping salivary glandular tissue," but not as mixed tumor³. Benign nature, silent clinical presentation, unique histology, uncertain origin makes it a distinct entity for presentation.

CASE HISTORY

A 55yr lady presented with painless mass in front of ear since 1 yr. There was no history of trauma or infection and patients medical history was unremarkable.

On examination 3x4 cm, firm, freely mobile, non- tender swelling noticed.

USG shows mild diffuse enlargement with increased vascularity, and few subcentric sized intraparotid lymphnodes

FNAC shows salivary gland acini with benign characters, and mature adipocytes along with scattered lymphocytes.

Grossly – well capsulated soft tissue measuring 5x5x1 cms with C/S Showing fatty & haemorrhage areas

Microscopy- showed presence of mature adipocyte with entrapped salivary glands of serous type arranged in tubules, dilated ducts. Focal areas of lymphocyte aggregate seen. Distinct fibrous capsule seen. & Adipose tissue constituted more than 50% of tumour .Neither atypia nor mitosis were observed in either salivary glands nor adipocyte.

Superficial parotidectomy performed with uneventful postoperative period.

Investigations

Hb 13.75%

HBsAg negative

BT-2min 10 sec CT 4min 50 sec

HIV1and2 negative

RBS 105.7mg/dl

Lipid profile normal

Serum Creatinine 1.22mg/dl

DISCUSSION

Lipomas are benign neoplasms of mature adipose tissue that are relatively uncommon in the oral cavity, corresponding to 0.1% to 5.0% of all benign tumors at this anatomical site Despite their low frequency, several histopathologic variants of lipoma have been identified in the oral cavity, including fibrolipoma, angiolipoma, chondrolipoma, chondroid lipoma, pleomorphic lipoma, and spindle cell⁴. Lipomatous neoplasms

of the salivary glands are rare. On the basis of the proportion and distribution of adipose tissue and the epithelial type, tumors could be categorized into 3 main groups: ordinary lipoma identical to soft tissue lipoma but located within the salivary gland, oncocytic lipoadenoma, composed predominantly of oncocytes with variable fatty component, nononcocytic sialolipoma, composed of lobular fatty tissue ($\geq 70\%$) with evenly distributed normal salivary tissue recapitulating the composition of normal salivary glands⁵. Sialolipoma, an uncommon variant of head and neck lipoma, is composed of proliferative adipocytes with entrapped normal salivary gland islands. **Adenolipomas** are rare benign neoplasms composed of mature adipose tissue and glandular elements. 6.. At variance with salivary adenolipoma, the glandular component in the current case distinctly showed all the cellular components of normal salivary (serous) glands⁷. **Lipomatosis** which typically occurs in older patients can be excluded by the microscopic lack of the fibrous capsule in addition to the absence of any medical Although adipose tissue can account for up to 90% of the tumor mass in **lipomatous pleomorphic adenoma**, the adenomatous tissue in these lesions shows typical features of pleomorphic adenoma, including ducts and sheets or strands of (dark-staining) epithelial cells⁸. Condition associated with lipomatosis, for instance diabetes mellitus, malnutrition, chronic alcoholism and liver cirrhosis. The distinction from **pleomorphic adenoma** is made by the presence of extensive fatty elements within the normal salivary gland tissue and lack of ducts and strands of dark-staining myoepithelial cells in sialolipoma².

sialoangiolipoma Mesenchymal tumors of the salivary glands are rare and mostly localized to the parotid gland. We report on the clinico-pathological features of a distinct parotid tumor occurred in a newborn, showing glandular structures admixed with mature lipocytes and blood vessels in variable proportions⁷.



Figure 1: Gross of the specimen showing fatty and haemorrhagic areas

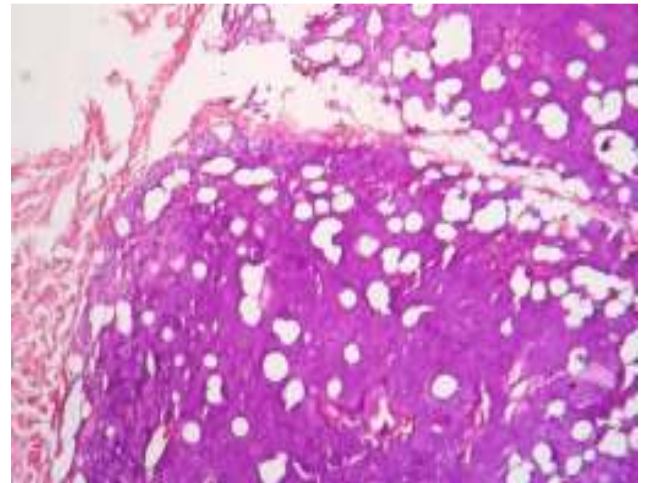


Figure 2: Low power (10x) showing distinct fibrous capsule

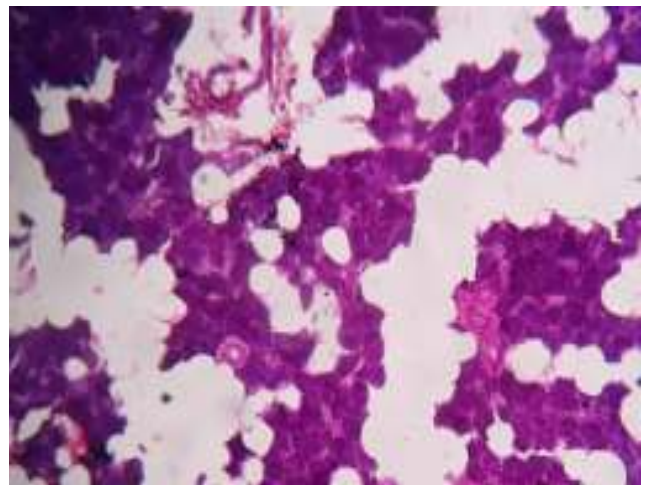


Figure 3: High power (40x) showing mature adipocyte with entrapped salivary gland of serous types

CONCLUSION

sialolipoma a new variant of lipoma, commonly observed in adults, clinically suggest a salivary gland neoplasm. Microscopy forms an important diagnostic criteria of sialolipomas permitting the differential diagnosis with other important lesions but, many aspects regarding the histopathogenesis of these tumors are still unclear. Thus, further studies regarding this newly recognized histologic variant of lipoma should be performed, particularly using molecular biology techniques.

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