MEDICAL CHANNEL

Case Report

ANGIOLIPOMA

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ABSTRACT

Angiolipoma is a subtype of lipoma which along with mature fat cells have vascular component. Although common tumor it is rare for lipoma and its subtype to present at vulva. Recognition of this benign vulval swelling is important to differentiate it from cystic swellings and malignant vulval neoplasms. These tumors are rarely life threatening and malignant transformation into liposarcoma is also rare.

Angiolipoma demonstrate neovascularity which resembles malignancy. Most of these vulval lipomas are diagnosed clinically but histopathological analysis is emphasized to make a definitive diagnosis. If it does not increase in size and is asymptomatic requires no intervention, otherwise treatment is complete surgical excision. Treatment options like radiation therapy and Transcatheter embolization are reasonable options.

Key words:- Angiolipoma, Lipoma, vulval neoplasm

INTRODUCTION:

Patients with vulval symptoms are not uncommon in gynaecological practice[1]. Many women have vulval symptoms, but only a fraction will seek medical advice[2]. Lipomas and fibromas are the most common benign tumors of vulva which arise from other tissues than epithelial tissues[1].A lipoma is a benign tumor that is composed primarily of fat cells (adipocytes)[3].There are multiple histological subtypes of lipomas[4]. Angiolipoma is a variant of lipoma with a prominent vascular component consisting only 6-7% of all lipomas [5].

The nature of these lesions was first documented in 1960 by Howard and Hewing(1) who reported a large series of cutaneous lipomas described as a small painful, fully encapsulated subcutaneous nodules which can be easily and completely shelled out[6].

In 1974 Lin and Lin (6) reviewed angiolipomas and divided them into infiltrating and non infiltrating groups based upon their biological behavior [5].

The patient with lipomas will usually present complaining of a mass on vulva in region of labia majora. Vulval lipoma may occur at any age. Frequently this mass may be present for number of years, but increase in size will prompt concern for further evaluation [3].

Vulval lipomas present as a soft multiloculated subcutaneous neoplasm with characteristics of doughy feeling[7] and appear as ill defined ,well demarcated or pedunculated masses that are non adherent to overlying skin [8]. They can be diagnosed correctly in the most cases by clinical examination alone.[9,10] Angiolipoma may demonstrate neovascularity which mimics malignancy.

Surgical excision is the treatment of choice. They are removed for cosmetical reasons if they grow larger and for histopathology to check that they are not a more dangerous type of tumors such as liposarcoma.[11] The aim of this paper is to report a case of vulval angiolipoma on account of its rarity. Here we document a case of such a rare large vulval lipoma with a review of literature along with discussion of clinical features and current management options available for this pathology and emphasize the need for histopathological evaluation of all excised lesion where facilities are available.

ANGIOLIPOMA





CASE REPORT:-

A 38 years old unmarried lady referred to our unit of Gynae and Obs at Baqai Hospital Nazimabad with a slow growing mass on right labia majora during two years duration. Examination revealed a pedunculated mass arising from lower portion of labia majora. The mass was mobile, firm, non tender and non fluctuant. It was measuring about 14×10 cm with increased superficial vascularity. A small decubitus ulcer of about 2×2 cm with clear margins and base present over inferior surface. The swelling covered the introitus of the vagina and urethral orifice appeared normal. The skin overlying swelling was freely mobile.

There was no history of vulval trauma. Obstetric and Gynecological history was unremarkable. She has taken antituberculous (ATT) treatment for 9 months due to pulmonary kock's .She had a relapse of same for which she was again on ATT.

Differential diagnosis of fibroma and lipoma was made and patient was prepared for surgical excision of the mass. Her laboratory investigations were carried out prior to surgery, which were unremarkable.

The mass was removed completely under saddle block. Haemostasis was secured and skin overlying was approximated. The post operative recovery period was uneventful. Regarding her histopathological report cut section of the tumor revealed a benign lesion composed of lobules of mature adipose tissue enclosed in fibrous septa containing blood vessels and areas of calcification. No evidence of malignancy was seen, confirming diagnosis of angiolipoma a variant of lipoma.

DISCUSSION:-

Lipomas or the 'universal tumor' is widely disseminated benign mesenchymal neoplasm most commonly found over the nape of the neck, abdomen ,buttocks ,trunk thigh and forearm. conventional lipomas have been reported only rarely as presenting in the vulva. and its occurrence over the vulva is so rare that fewer than 70 cases have been reported in world literature[12].

There are several subtypes of lipoma. Angiolipoma is a subcutaneous nodule with vascular structure, having all other features of a typical liopma. They are commonly painful [13.] Most reported cases of vulval lipomas involved adults where as tumor has presented since birth.[14] They have been identified in various age group ranging from infancy to ninth decade[7].

Their precise etiology and pathogenesis remains unclear. Trauma has been implicated in some cases[10]. Our patient was in 3rd decade of life and did not have a previous history of trauma. On examination the mass was soft and lobulated and it was attached to labia majora with a broad pedicle.[3] These can be diagnosed correctly in most cases by clinical examination alone. [9] Our patient presented as a well-defined soft to firm non tender vulval mass with increased vascularity and was diagnosed clinically. The clinical features of such benign tumors of vulva may overlap with malignant neoplasm.

Clinically the vulval lipomas must be differentiated from cystic swellings of Bartholins gland and canal of nuck, they may be misdiagnosed as an inguinal hernias especially in children.[15] These need to be differentiated from liposarcoma which develop rarely but are very similar to lipomas clinically.[16]

When clinical diagnosis is not apparent radiological studies such as ultrasonography, computed tomography and magnetic resonance imaging are useful for making proper diagnosis [8] and differentiating them from vulval cysts, inguinal hernias and liposarcoma. [17] Most lipomas require no therapy. They may be observed as long as they are asymptomatic and no intervention is required. The examining physician and patient may feel more comfortable with a final histopathological diagnosis as the clinical features of benign tumors of vulva may overlap with malignant neoplasm[3].

Treatment of angiolipomas is complete surgical excision[18], as was done in our patient. If redundant skin is noted an elliptical excision of overlying skin may result in a more acceptable cosmetic results when the epithelium is approximated after removal of the lipoma[3]. In cases where adequate resection cannot be obtained radiation therapy may be used.[18] Since these tumors are benign and highly vascular and appears to lack precapillary arteriovenous shunts, treatment by transcatheter embolization may prove reasonable alternative if total resection cannot be achieved. A case of successful treatment with interferon alpha of a giant infiltrating angiolipomas has been reported[19].

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