Temporal Intramuscular Lipoma: A Case Report

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ABSTRACT

Temporal intramuscular lipoma is a relatively rare benign lipoma in the temporal region as seen in the literature. This is a case of 58 years old female who presents with a complaint of a nodule in the left temple region. The nodule was painless, moves under the skin and not growing as per the patient. The patient decided not to undergo surgery due to benign nature of the lipoma and was not growing.

Keywords: Lipoma, Secpaceous cyst, Liposarcoma, Excision, Nodule, Biopsy
1. INTRODUCTION

Lipoma’s are although the most common soft tissue tumor. Temporal lipoma is relatively a rare finding. They are made up of mature adipose tissues, benign in nature and are slow growing. The patient is a 58-year-old female who reports of a 10x5 mm sub-cutaneous nodule which is painless, very slowly growing in size, moves under the skin and no changes in the overlying skin. Then patient seeks medical attention due to the location of the nodule. This can be confused with a sebaceous cyst or a liposarcoma. A Sebaceous cyst is usually common at this location but are marked by a punctum and are grows faster. Liposarcoma is malignant, grows very fast and are nodule over the temporalis muscle on the left. On physical examination, it was round, soft, painless, made of fatty tissue and fluctuant nodule. The diagnosis, in this case, was made just by physical examination due to its characteristic appearance. Although the patient can undergo biopsy of the tissue and MRI or CT scan to exclude other possible causes, it is not required in this case. The patient does not want a surgical excision of the temporal lipoma due to its benign lesion. The nodule can be removed if the nodule is growing faster, hampering nearby anatomical structure or for cosmetic reasons.

2. DISCUSSION

Temporal intramuscular lipoma is relatively rare lipoma’s but they can be easily diagnosed because of their characteristic appearance and findings on physical examination. Other sites for intramuscular lipoma are trapezius, sternocleidomastoid, tongue, cheek, and floor of the mouth. In some cases, they can cause functional limitations and require excision. Larger nodules require CT scan to assess the boundaries of the lipoma. They can be differentiated from sebaceous cyst and liposarcoma through biopsy. Recurrence rate after excision are high (3%-62%).

3. CONCLUSION

Temporal intramuscular lipoma is benign and relatively rare tumors of soft tissue. Temple region is a rare location for a lipoma. The can be asymptomatic or may cause functional impairment depending on the location and size of the lipoma. Diagnosis is made by examination and may be assisted by soft tissue biopsy and imaging studies. Treatment is watching observation or excision of the lipoma depending upon the nature of the lipoma and choice of the patient. Although removal of the soft tissue tumor is advisable.

REFERENCES

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