

# Giant Myolipoma of Neck: A Rare Case Presentation

Isha Jain<sup>1</sup>, Sandeep Kumar<sup>2</sup>, Sapna Kundu<sup>3</sup>

<sup>1</sup>Department of Surgery, M. P. Shah Government Medical College, Gujarat, India  
Email: [isha6628\[at\]gmail.com](mailto:isha6628[at]gmail.com)

<sup>2</sup>Department of Surgery, M. P. Shah Government Medical College, Gujarat, India  
Email: [skbarala1\[at\]gmail.com](mailto:skbarala1[at]gmail.com)

<sup>3</sup>Department of Dermatology, Venereology & Leprology, PT. B. D Sharma PGIMS, Rohtak, India  
Corresponding Author Email: [kundusapna95\[at\]gmail.com](mailto:kundusapna95[at]gmail.com)

**Abstract:** Myolipoma of soft tissue is a rare benign neoplasm characterized by the admixture of mature adipocytes and well - differentiated smooth muscle cells. Myolipomas are rare case finding and it has high expression of estrogen and progesterone receptors. They have female predominance and are large and tend to arise from deep seated locations.

**Keywords:** Myolipoma, Male patient

## 1. Introduction

Myolipoma of soft tissue is a rare benign neoplasm characterized by the admixture of mature adipocytes and well - differentiated smooth muscle cells. It is classified as a variant of lipoma of extrauterine sites in the World Health Organization classification, 1 thereby being distinguished from uterine "lipoleiomyoma." Myolipoma of soft tissue more often occurs in adults with a female predominance, tends to be large, and arises in deep - seated locations.

## 2. Case Presentation

A 53 - year - old male patient presented with large swelling on right side of the neck for 26 years initially small in size later increased gradually in size over time to present state. Patient has no comorbidities, he has right lower limb poliomyelitis and right Erbs palsy since birth. Patient has no complains of pain, numbness, irritation, itching, bleeding. On examination single solitary smooth well circumscribed mobile swelling of size 26x19 cm extending from right submandibular region superiorly to right clavicle inferiorly, posteriorly pushing the paraspinal muscles medially and anteriorly limited to lateral border of neck was seen.



**Figure 1:** Front and lateral view showing myolipoma.

On palpation, soft to firm in consistency, non transilluminant, non fluctant, dilated veins present on the surface of the swelling and there is presence of scar mark on superior pole of the tumor which were due to previous FNAC attempts.

All hematological investigations were within normal limits and cytological studies were inconclusive and had

haemorrhagic in previous 2 attempts then CT was done which was suggestive of a mesenchymal tumor likely a liposarcoma with no other local invasion or distant metastasis, the radiological finding was also suggestive of right carotid as the feeding vessel with anteromedial extension into carotid space with close approximation to right internal jugular vein with loss of fat plane.

Volume 12 Issue 7, July 2023

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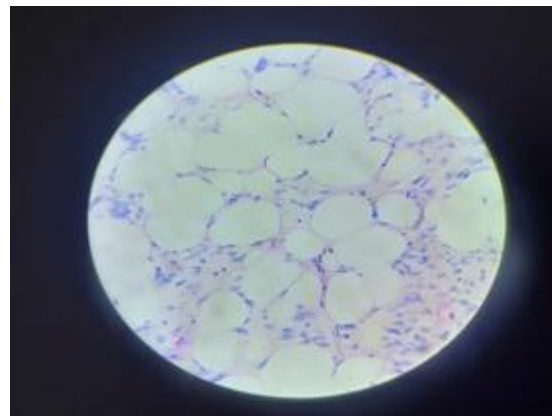


**Figure 2 & 3:** CT showing mesenchymal tumor with anteromedial extension into carotid space.

Patient was posted for wide local excision, mass to be excised with margin of atleast 1cm from the lesion the mass excised was 25cm in length, 19 cm in width and 12 cm in thickness weight 2.6 kgs on scale (Figure 4). Wide local excision followed by Deltopectoral flap closure followed by Split thickness skin graft was performed for closure. On histopathology examination the tumor had areas of yellowish tab and hemorrhagic areas and was suggestive of Myolipoma (Figure 5).



**Figure 4**



**Figure 5**

Post operatively patients stay was uneventful and patient made full recovery and was discharged on post operative day 12.



**Figure 6:** Post - op day 15

### 3. Discussion

Myolipoma of soft tissue is a rare benign neoplasm characterized by the admixture of mature adipocytes and well - differentiated smooth muscle cells. It is classified as a variant of lipoma of extrauterine sites in the World Health Organization classification, 1 thereby being distinguished from uterine "lipoleiomyoma. " Myolipoma of soft tissue more often occurs in adults with a female predominance, tends to be large, and arises in deep - seated locations. This distinct entity was first fully described by Meis and Enzinger in 1991, 2 in which they reported 9 cases of myolipoma of soft tissue. The most frequently affected site was retroperitoneum (47%), followed by pelvis (15%), abdominal wall (12%), and intra - abdominal sites (9%). None has developed local recurrence or metastasis.

Grossly, tumors were well - circumscribed, and the cut surface showed an admixture of yellowish adipose tissue and tan - whitish nodules. The size ranged from 2.4 to 60cm (median 10.5cm). Histologically, the tumors were composed of an intimate admixture of mature fat cells and bland spindle - shaped cells with brightly eosinophilic cytoplasm, arranged in fascicles.

Myolipomas have female preponderance and most common site being retroperitoneal.<sup>3</sup> Head and neck myolipomas are rare case finding. With approximately less than 50 cases reported. Myolipoma in male patient of head and neck region are a rare case finding.

**Source of support:** Nil

**Conflict of interest:** None.

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