

## Examination of Lipoma

### APPROACH

Examine as for any lump.

### VITAL POINTS

Lipomas can occur anywhere in the body where there are fat cells, although they most commonly occur in the subcutaneous layer of the skin, particularly in the neck and trunk.

#### Inspect

- Discoid or hemispherical swelling
- May appear lobulated
- Look carefully for scars (may be a recurrent lipoma).

#### Palpate

- Lobulated surface
- May be soft or firm depending on the nature of the fat within the lipoma and the temperature at which it liquefies
- If soft and large in size, may show fluctuation
- 'Slip sign' – describes the manner in which a lipoma tends to slip away from the examining finger on gentle pressure
- Skin freely mobile over the lipoma (compared with a sebaceous cyst)
- Try and elicit which layer the lipoma is in, e.g. whether subcutaneous or intramuscular (in the latter case, the lipoma disappears on contraction of the relevant muscle).

#### Completion

Say that you would like to ask the patient:

- How the lipoma affects their lives, e.g. cosmetic symptoms, pain
- Whether they have noticed similar lumps elsewhere.

### QUESTIONS

#### **(a) What is a lipoma?**

- A lipoma is a benign tumour consisting of mature fat cells.
- Multiple, painful lipomas are known as adiposis dolorosa or Dercum's disease, and are associated with peripheral neuropathy.

#### **(b) Do lipomas undergo malignant change?**

- It is thought that malignant change in a lipoma does not occur
- Liposarcomas arise de novo and usually occur in an older age-group in deeper tissues of the lower limbs.

**(c) How would you treat a lipoma?**

- **Non-surgical:** reassure and 'watch and wait'
- **Surgical:** if the patient wants it removed, e.g. pain, cosmesis.
  - Some surgeons remove lipomas using suction lipolysis via a small, remote incision.
  - Usually this is performed under local anaesthetic.
  - However, 'nuchal' lipomas have extremely fibrous septae and are difficult to excise, and any lipoma close to a joint may communicate with the joint and it may not be possible to excise it under local anaesthetic.

**ADVANCED QUESTIONS**

**(a) Do you know of any variants of lipomas or syndromes associated with lipomas?**

- **Angiolipomas**, which have a prominent vascular component
- **Hibernomas**, which consist of brown fat cells similar to those seen in hibernating animals
- **Bannayan-Zonana syndrome** – rare autosomal dominant hamartomatous disorder, characterized by multiple lipomas, macrocephaly and haemangiomas.

**(b) How are liposarcomas classified?**

- Liposarcomas can be classified pathologically into three main groups:
  1. Well-differentiated
  2. Myxoid and round cell (poorly-differentiated myxoid) liposarcoma
  3. Pleomorphic liposarcoma



**A**



**B**

**A.** lipoma in the subcutaneous tissues of the upper arm. Note the lobulation.

**B.** A lipoma in the forearm. This swelling became more prominent and fixed when the forearm muscles were contracted, showing that it was superficial to the muscle but attached to its fascia.

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