

# Vulvar lipoma: A rare localization of a lipoma

## Vulvar lipom: Bir lipomun ender yerleşimi

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### ABSTRACT

Lipomas are frequently seen tumors but not often on vulva. In our case it was diagnosed in a 37 year-old thyroid cancer patient who gave vaginal birth three months before the excision of the lipoma. It is safer to excise vulvar lipomas totally to eliminate the possibility of malignancy. We intended to take attention to atypical localization of this benign tumor which may be most often misdiagnosed as Bartholin cyst.

**Keywords:** Vulvar lipoma, surgical excision, vaginal delivery

### ÖZ

Lipomlar sık görülen tümörler olmalarına rağmen, vulvada sık değildirler. Vulvar lipom saptanan olgumuz, lipomun eksizyonundan 3 ay önce normal doğum yapmış, 37 yaşında tiroid kanseri bir hastadır. Malignite olasılığına karşılık vulvar lipomların total olarak çıkarılması daha güvenlidir. Bu olgumuzla çoğunlukla Bartholin kisti olarak yanlış tanı alan bu benign tümörün atipik yerleşim yerine dikkat çekmek istedik.

**Anahtar kelimeler:** Vulvar lipom, cerrahi eksizyon, vaginal doğum

### INTRODUCTION

Lipomas are generally located on the upper back, proximal parts of the extremities and neck<sup>1</sup>. Usually they are not seen on vulva<sup>2</sup>, so they may be misdiagnosed as other vulvar lesions especially Bartholin cysts. In our case the vulvar lipoma was diagnosed in a 37-year-old cancer patient who gave vaginal birth three months before the excision of the lipoma. We pointed out this rare localization of this benign tumor.

### CASE PRESENTATION

We report the case of a 37-year-old woman, who was referred to our hospital with a painless left vulvar mass that progressed slowly. The complaint of our patient was the 'testis like' appearance of the mass. She had the history of papillary thyroid cancer and had been operated twice, four years before. Our patient underwent radioactive iodine therapy after her second operation. Nevertheless she even succeeded in vaginal delivery three months before. She had no

prior history of vulvar trauma or discharge from the mass. Physical examination showed a mass in her left labium majus that measured 3x5 centimetres (Figure 1). The mass could be a little bit mobilized under her skin. No inguinal lymphadenopathy was detected in the pelvic examination. In the Magnetic resonance imaging (MRI) a hyperintense mass with well-defined margins was detected on the left labium majus. The mass was completely excised under general anaesthesia (Figure 2). Histologic examination showed a benign tumor composed of mature adipocytes, indicating vulvar lipoma.

### DISCUSSION

Lipomas mostly diagnosed between the ages of 40-60 and they are originated from mesenchymal cells<sup>2</sup>. Although they are easily diagnosed tumors both clinically and pathologically, their etiology is not certain. When located on vulva they can be misdiagnosed as Bartholin's gland diseases or inguinal hernias especially in children and they may reach huge dimensions. Trauma is the most common underlying reason<sup>1</sup>. Our

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case was at the age of 37 with the history of papillary thyroid cancer not trauma.



Figure 1. Soft mass in her left labium.



Figure 2. The mass excised completely.

Ultrasound, computed tomography (CT) and magnetic resonance imaging (MRI) are all valuable in differentiating vulvar lipomas from other vulvar pathologies. Because they contain fat depositions, during ultrasonographic examination they are seen as homogenous echogenic images. CT scan and MRI are vital in detecting the spread of the tumor<sup>1</sup>. Ohguri et al.<sup>3</sup> pointed out the septal augmentation in contrast enhanced MRI that is crucial in distinguishing vulvar

lipomas from liposarcoma. Especially in developing countries, ultrasound should be accepted as the first choice compared to other costly modalities<sup>1</sup>. Although total excision is the definite way of removal which offers the chance of distinguishing it from liposarcoma, steroid injection and liposuction are other transient options<sup>1</sup>.

In the literature not many reports can be reached on vulvar lipomas. An infant born with a large pedunculated vulvar lipoma was reported in 1982<sup>4</sup>. Another neonate with a vulvar lipoma on the preputium clitoridis was detected in 1999<sup>5</sup>. Another lipoma on the left labium minora was presented in 2004<sup>6</sup>.

Depending on the literature, this is the first case of a vulvar lipoma reported in a patient with a thyroid cancer who underwent radioactive iodine therapy before the development of vulvar lipoma. The other distinctive feature of our case is that, our patient even succeeded in vaginal delivery three months before the surgery of vulvar lipoma. Vulvar liposarcomas should be kept in mind when a swelling on the vulva resembling a lipoma was palpated. To eliminate the possibility of malignancy, total excision should be performed.

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