



**Giant Back lipoma affecting the quality of life, Gahini District Hospital, Rwanda.
CASE REPORT**

By

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1. Introduction

Lipomas are slow growing benign swelling, tumors or neoplasm of the body, arising from yellow fat. Sometimes can change into hyperplasia or combination of neoplasm and hyperplasia. Lipoma arises from any part of the body (ubiquitous) but generally it affects the back of the body, 13% arise from the head and neck, rarely into the face or at sternal region[1].

Lipomas can be classified differently depending on morphological status. Lipomas are usually small solitary lesions and rarely grow to an exceptionally large size[2]. It is considered as giant when lipoma is greater than 10 cm in any dimension or weighs more than 1000 gm. They can be Localized with capsule or diffuse without a capsule which mainly found in the palmar, sole, head and neck. Lipomas can be found superficially or deep, and can be single or multiple[2]. I hereby reporting a rare case in our setting which was a giant back lipoma of around 24cm of greatest dimension affecting the quality of life. This seems to be the largest lipoma of the back reported from our setting. It was affecting the quality of life of the patient, in standing, sitting, lying in supine position, ashamed to go in public due to the huge mass at thoracic region of the back.

2. Case Presentation

A 63 years old male patient consulted our outpatient department (OPD), with a huge mass at upper back thoracic region which pulling him back when he is in erect position, difficult in sleeping position (supine) and wearing clothes. That mass was making him ashamed and not going in public for the sake of physical appearance. According to him that lipoma was there since when he was 20 years old due to a blunt trauma by a tree. It has been there for 43 years with slow progressive growing, painless and no associated symptoms. Our patient had no any comorbidity, his socio-economic status was poor that's why he did consult for 3 decades ago, no family history is relevant as well as a surgical history. On

physical exam, patient was stable with body mass index of 23.7 kg/m² (H: 160.5cm, W: 61kg), with a well located mass at upper thoracic region of the back extending in the lower part of neck at the level of C₇-T₆₋₇ (Image), measuring like 24cm x 14cm x 12cm in dimension. It was firm, mobile, no tender, with obvious dilated veins on it but not causing any neurological deficit. There was no lymphadenopathy in local region found and our impression on diagnosis was Giant lipoma.

the routine hematological, biochemical and serology exams were unmarkable. Ultrasound revealed a lipoma-like mass that measured 24cm x 14cm x 12cm and homogenous, and isoechoic with subcutaneous fat tissue, no communication with the spinal cord. He was transferred for further investigations (FNA or Core Needle Biopsy and MRI) in one of referral University Teaching Hospitals but the patient was not able to afford the cost of transport and all investigations. Our hospital is a second level of hospitals in our setting and located in a rural area. we don't have laboratory with histopathology analysis and so some patients when they are transferred to the next level of hospital, they get difficulties to reach the referral hospitals due to different reasons. The patient was not able to go through all requested further investigations due to low socio-economic status. Based on clinical examinations we kept Lipoma as Diagnosis and we planned for surgical excision biopsy of the mass after discussion with the patient and anesthesia team assessment on possibility of general anesthesia. The only issue was how the intubation will be possible due to the huge mass in the back, furthermore, supine position was not easy at all.

Finally, the intubation was successful and he was put in deep general anesthesia and in prone position for surgical excision of the mass. Under aseptic conditions and through longitudinal elliptical incision after measuring the needed skin for reconstruction, we found a highly vascularized fatty mass (Image). Monopolar electrocautery was used and mass was dissected through the surgical planes until its total excision.



Skin reconstruction for cosmetic purpose was done and a small drain of 8F size was left in place to avoid any hematoma collection. The excised mass was sent for histopathology for free of charge at Butaro cancer center/Partners in Health (PIH). Patient recovered well from anesthesia and postoperatively he received Diclofenac IM 75mg in association with acetaminophen tabs 1g, pain was well controlled. Patient spent 3 days in hospital and was discharge with a smiling face.



3. Largest lipomas of the back in literatures

Location on Body	Size (cm)	Weight (g)	Reference
Back	34x31x25	1950	[3]
Posterior cervical	25x35	6450	[4]
Back	19x9x5	1135	[5]
Back	13x12x5	240	[5]
Back	13x7x3	470	[5]
Back	12x5x3	270	[5]
Back	11x7x5	270	[5]
Back	11x7x3	410	[5]
Upper Back	-	9000	[6]
Neck and upper back	-	12500	[7]

4. Discussion

Lipomas are neoplasm or benign tumors of the mesenchymal which contain lipocytes furthermore they are characterized by its slow growing. Most of them are soft tissue swellings found on the human body and lipomas can be found anywhere on the body [5]. Many lipomas are with the small size which is define to be <10cm but giant lipomas exist and should be differentiated from liposarcoma due to the same volume they have in common [8]. They are more common in adults of 40 to 60 years as age group [9]. This type of body swellings can be associated with hypercholesterolemia, obesity and trauma [10]–[12].

Generally, the exact cause of lipoma is not well known, few literatures have reported trauma as one cause of lipoma, in this contest, a blunt trauma was highlighted to cause rupture of the fibrous septae and anchoring direct communication between skin and deep fascia which facilitate the adipose tissues to proliferate and for a lipoma. Another theory concluded on how a trauma creates a fat herniation through tissue planes which is considered as pseudo-lipomas [10].

Giant lipomas concern is to be differentiated from liposarcoma which is the commonest soft tissue Malignant. However, the histopathological dedifferentiation is the hallmark of malignant change in a benign lipoma [13].

Some lipomas may affect the quality of life of the patient due to its size, location, weight which change the physical appearance [14]. A patient can consult for the cosmetic purpose due to his/her physical appearance.

At the first follow-up visit, the wound was healing well, and the patient reported a significant improvement in his quality of life. He reported that the discomfort and pain caused by the lipoma had completely resolved, and he was able to resume his daily activities without any limitations.

5. Conclusion

In conclusion, this case highlights the impact of large lipomas on quality of life and the importance of timely management. Surgical excision of the lipoma can provide significant relief from symptoms and improve quality of life. Early diagnosis and treatment can prevent the lipoma from growing to a size where it causes significant discomfort and affects daily activities.

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