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#### **IMAGES**

### Giant Subpectoral Lipoma: A Rare and Challenging Case

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### Abstract

Giant subjectoral lipoma is an extremely rare case that can occasionally turn malignant. We highlight this case for the first time from India.

Keywords: Giant subpectoral lipoma, Liposarcoma, Liposuction

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A 62-year lady presented with a 15cm X10 cm mobile non tender lump on the upper outer quadrant of the right breast. Ultrasound breast revealed only a space occupying lesion which appears like a lipoma. A Fine needle aspiration cytology revealed lipoma. However, in view of the huge size of the lump in an aged lady, a MRI breast was done which revealed evidence of a large well defined space occupying lesion in the right retro mammary sub pectoral (posterior to Pectoralis major muscle) region showing well defined wall with thin enhancing septations and eccentric enhancing nodule showing type II enhancing curve and causing mass effect over the breast and pectoralis minor with the diagnosis confirmed as giant subpectoral lipoma (Figures 1 and 2).

Though a benign common tumour, the giant lipoma is a challenging case as

usually they are defined as greater than 10 cm or more than 1000 gm in weight [1]. Since it's an extremely rare occurrence, not many cases are reported in the literature. The treatment of choice for lipomas is surgical excision with blunt dissection. The main concern is the rare transformation of lipoma (>10 cm) into a liposarcoma and therefore a good histopathological report from an expert pathologist of large lipomas is mandatory before the surgery. A specific criterion that would make a liposarcoma more likely is when the size is greater than 5cm, deep to deep fascia, irregularity, pain or thickened septae. [2] Regarding management of giant subpectoral lipoma surgical excision is the treatment of choice over liposuction as liposuction can lead to recurrence and does not yield complete histopathological tissue [3].

This is the first reported case of giant subpectoral lipoma from India.

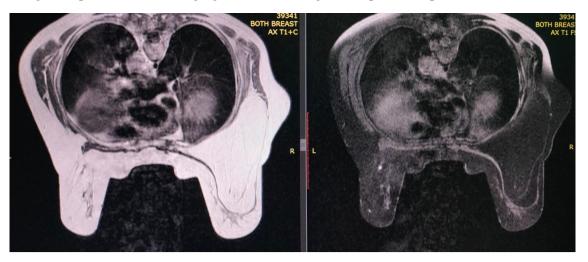


Figure 1. MRI breast showing right giant subpectoral lipoma.



Figure 2. MRI breast showing thin septations in subpectoral lipoma.

# **Conflicts of interest**

The authors declares that they do not have conflict of interest.

# References

- Sanchez MR, Golomb FM, Moy JA, Potozkin JR. Giant lipoma: case report and review of the literature. J Am Acad Dermatol. 1993 Feb;28(2 Pt 1):266-8. doi: 10.1016/s0190-9622(08)81151-6.
- Kransdorf MJ, Bancroft LW, Peterson JJ, Murphey MD, Foster WC, Temple HT. Imaging of fatty

tumors: distinction of lipoma and well-differentiated liposarcoma. Radiology. 2002 Jul;224(1):99-104. doi: 10.1148/radiol.2241011113.

 Groh O, In't Hof K. Giant lipoma of the male breast: case report and review of literature. Eur J Plast Surg. 2012 May;35(5):407-409. doi: 10.1007/s00238-011-0589-7.