

Images in clinical medicine



A giant shoulder lipoma



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A 50-year-old man with no history had a left shoulder mass that had been enlarging for 3 years (A). The physical examination shows a huge swelling measuring 30 cm in maximum dimension of the left shoulder extended to the arm, with soft consistency and without inflammatory or vascular-nerve damage signs. An X-ray revealed a soft tissue swelling with normal bone. Ultrasound (US) revealed a 28x20x18 cm lipomatous mass with sharp contours. Magnetic resonance imaging does not show signs of malignancy. It delineated the extent of the tumor and revealed its relation to the adjacent structures. Thus it helped in planning the incision and

operation (B). The patient underwent a biopsy. Then a lazy incision was made over the swelling under general anesthesia with orotracheal intubation. Careful dissection was carried out. Important neurovascular structures preserved. The tumor was dissected out and excised en masse (C) following the cleavage plan. The wound was closed in layers over a suction drain. A histopathological examination revealed features consistent with a lipoma with no evidence of any malignant transformation. The patient was observed for 2 years and there was no recurrence. Although it is mild, the giant lipoma is often a source of significant functional discomfort. The surgeon's obsession remains malignant degeneration, the risk of which is proportional to the size of the lipoma.

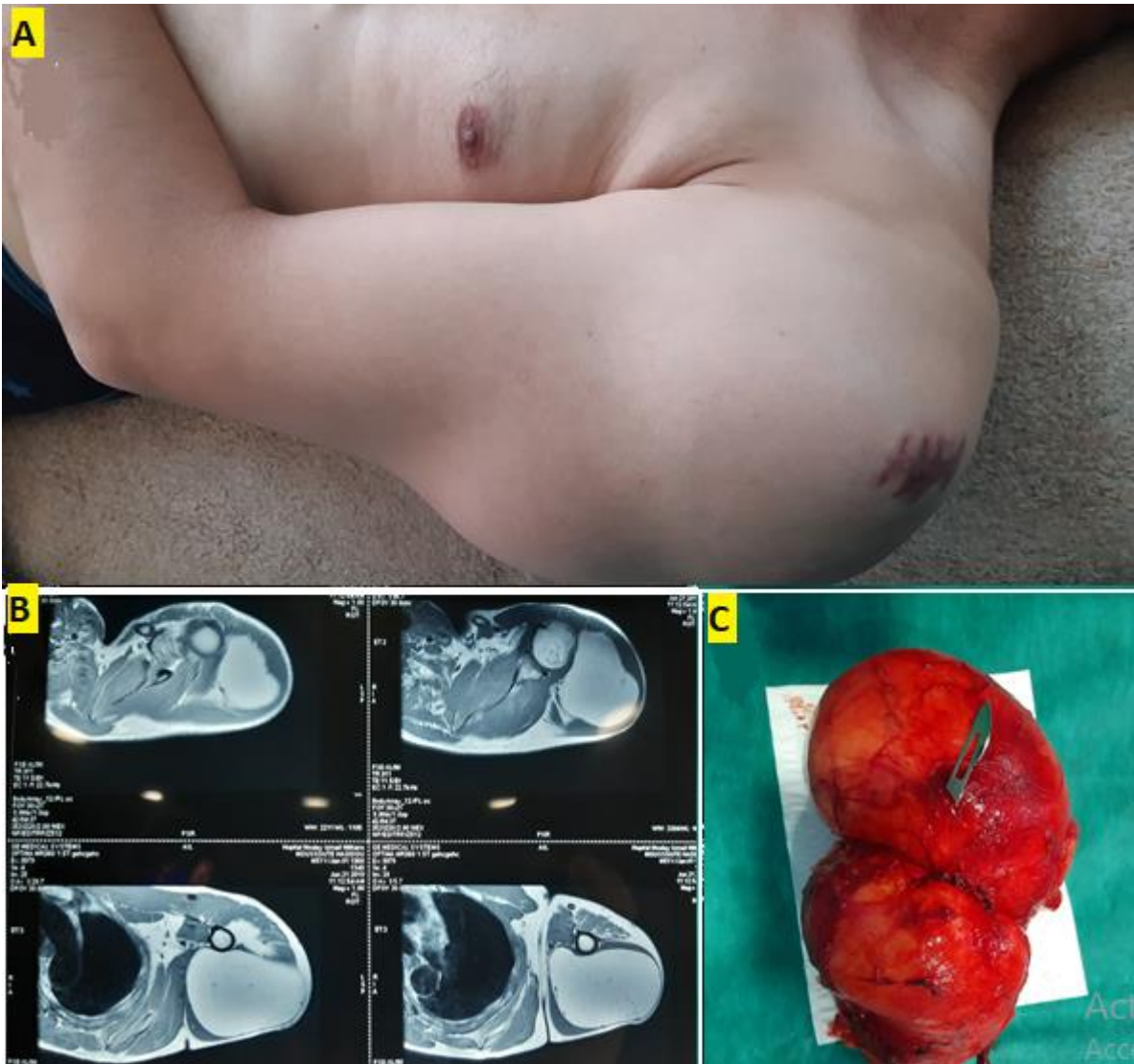


Figure 1: (A) giant lipoma of the left shoulder; (B) left shoulder MRI showing a giant lipoma without signs of malignancy or of vascular nerve compression; (C) intraoperative image showing the tumor which was dissected out and excised en masse