



## PP-150

### Giant lipoma of the upper extremity at an unexpected location

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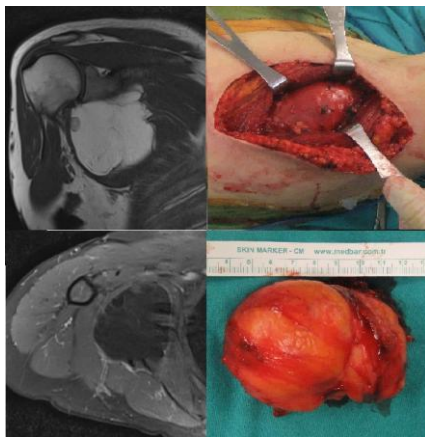
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**Purpose:** Giant lipomas of the extremities are very rare. Their hugeness leads to development of fearfulness in patient as well as in the treating surgeon. This can lead to delay in the treatment of the patient. In the literature, the tumor is defined as a giant lipoma when its size reaches larger than 5 cm in any dimension. Although there are reported cases of benign lipomas of the upper extremity, lipomas of the forearm which invaded double compartement and axillary placed lipomas are very rare in the related literature. In this study, we examined lipomas of the upper extremity, included axillary area and forearm lipomas with double compartement. In this report, we present a case of a giant lipoma of the arm, which is accompanied by nerve compression, and discuss relevant literature to the case. Eight cases with upper extremity located lipoma were included in the study.

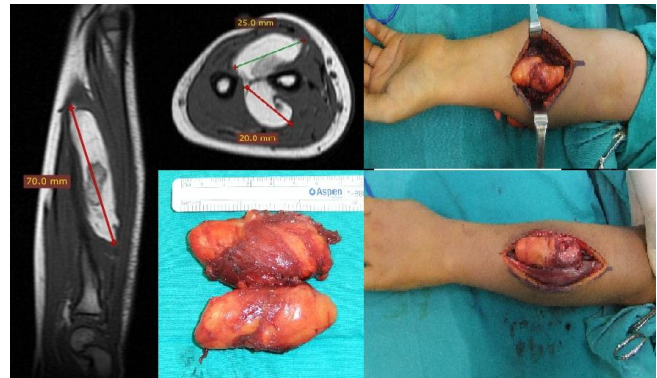
1. (40Y.F) Right axillary area lipoma MR:70\*60\*55 mm ,
2. (52Y. M) Right axillary area lipoma MR:75\*65\*50 mm
3. (8 M) Left forearm volar and dorsal compartement MR; 70\*22\*20-25 mm
4. (50Y. M) Right forearm volar and dorsal compartement MR; 50\*4.5\*20-35 mm
5. (48Y.M) Right arm volar compartement MR;70\*40\*30mm
6. (53 Y. M) Left scapular dorsal area lipoma MR;80\*60\*20mm
7. (52Y M) Left lateral brachial area lipoma MR;110\*70\*40 mm
8. (36Y F) Right hand thenar area lipoma MR; 40\*35\*12 mm

**Discussion:** Lipomas are subfascial benign tumors of mesenchymal origin. They usually represent well-circumscribed, encapsulated masses that are freely mobile beneath the skin. Deep soft tissue lipomas are less common than superficial lipomas; they can be found intermuscularly, intramuscularly or intraosseously associated with viscera or sites of trauma. They are usually painless, growing slowly, reaching large sizes, especially when located in deep subfascial planes. The lipoma should be treated by adequate open surgical removal of the tumor, followed by careful monitoring of the patient by ultrasonography. Proper evaluation of large masses in the upper extremity includes the use of imaging techniques, such as MRI, CT and US as radiological options. To prevent the recurrence of giant lipomas, masses must be removed completely. Surgery can be difficult, as the nerves and other anatomical structures must be protected. Double insicion is performed to avoid neurovascular complications and to obtain a better exposure, in two cases of forearm lipomas with double compartement. Since the brachial plexus is near the exposure area of axillary lipomas, wide surgical insicions must be provided in these cases.

**Result:** In conclusion, all giant lipomas of the upper extremity must be removed completely because of the potential for malignancy. Preoperative assessments with radiological imaging is making surgical procedures easier. We recommend careful dissection with duple exposure which are volar and dorsal insision in forearm.



**Figure 1.**



**Figure 2.**



**Figure 3.**