LARGE MESENTERIC FIBROLIPOMA

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ABSTRACT

Fibrolipoma of the mesentery is a rare lesion. Herein we report one such case. Our patient was a 49 years old female who had history of lump in the abdomen with heaviness and mild discomfort. Ultrasound showed intraperitoneal mass with fat density. CT scan showed a large fat density lesion in the peritoneal cavity with multiple thin septae and enhanced nodules in left lower flank. At surgery a soft fatty mass weighing 3.6 Kg was excised. Histopathology showed adult fat cells and fibroblasts with focal myxoid change and no evidence of malignancy.

Key words

Mesentery, Fibrolipoma, Abdominal lump.

INTRODUCTION:

Mesentric fibrolipoma is a localized, encapsulated collection of fat and is characterized by the presence of adipose tissue and surrounding fibrous tissues. They are well separated from the surrounding tissues and usually occur in adults. These lesions may have a broad base or may be pedunculated. These lesions have been reported to occur in esophagus, abdomen, pancreas or parapharyngeal region. Lesions may remain asymptomatic or present with abdominal mass, progressive abdominal distention sometimes with abdominal pain, ileus or volvulus. In this case report we present one such case managed in our department.

CASE REPORT

A female, 49 years of age, presented with history of lump in left side of abdomen. She also complained of heaviness with abdominal discomfort for the last one year. On clinical examination, a lump soft in consistency was palpable. Plain radiograph of the abdomen demonstrated a large soft tissue opacity displacing small bowel loops. On ultrasound a well defined, echogenic mass with multiple thin septae was noted. Bowel loops were displaced to the right side. The mass was compressible on tranducer pressure. CT scan of the abdomen showed a large fat density lesion in the peritoneal cavity with multiple

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Figure I: CT scan abdomen showing fat density lesion in left abdomen.

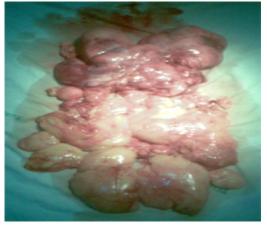


Figure II: Excised specimen of fibrolipoma of mesentery.

thin septae and enhancing nodules in left lower flank, with displacement of small bowel loops along with mesenteric vessels (Fig I).

At laparotomy a large fat density mass in left side of peritoneal cavity found. It extended inferiorly to the pelvis and caused mass effect over the bladder. Small bowel loops were displaced and there was no lymphadenopathy or free fluid. The mass was about 20x12x12cms and excised completely. It weighed 3.6kg (Fig II). Patient did well post operatively and discharged on the 5th day. Specimen revealed tumor consisting of adult fat cells and fibroblasts with focal myxoid change and no evidence of malignancy. Immunohistochemical examination revealed that the tumor was negative for desmin and alpha smooth muscle actin. A final diagnosis of fibrolipoma –mesentery was made.

DISCUSSION

Fibrolipomas belong to the family of mature cell mass and are benign in nature. It is a relatively rare lesion characterized by the presence of adipose tissue and abundant amounts of fibroblasts from surrounding tissue and usually occurs in adults. Rarely it has been reported in pediatric age group. Fibolipomas are giant tumors and occur in the esophagus, intestine, parapharyngeal and gastric regions. ²⁻⁵

Mesentric fibrolipoma is a localized fat mass with thin transparent fibrous surrounding capsule. Microscopically it is composed of mature fat cells and fibroblasts. Patients mostly present with asymptomatic abdominal mass but occasionally with other symptoms. ^{6,7} The condition can be diagnosed by preoperative ultrasonography and CT scan abdomen. ⁸ Differential diagnosis include a lipoblastoma and well differentiated liposarcoma. ⁹ Recommended treatment is surgical excision only.

In our case the tumor was enucleated from the mesentry without disturbing or breaching the bowel continuity. For a lipoma to be referred as 'giant' the lesion should be at least 10cm in diameter or weigh minimum of 1000gm. As our case met with these criteria, we label it as a giant or large fibrolipoma.

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