

CASE REPORT

GIANT BREAST LIPOMA IN MALE: A CASE REPORT

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ABSTRACT

Lipomas are benign tumors composed of mature fat cells. The diagnosis, in most cases, is clinical for those with a typical subcutaneous lipoma. In cases of large lipoma (> 5 cm), irregular in shape and with symptoms of myofascial involvement, ultrasound, computed tomography (CT) or magnetic resonance imaging (MRI) exams help in the diagnosis. Most of the time, no treatment is necessary, as the follow-up is clinical. However, indications for removal of a lipoma include cosmetic concerns, neural impairment, pain, and functional limitations. Other indications for removal of lipomas include enlargement, irregular features (induration), diameter (> 5 cm), histology showing atypia with suspected sarcoma (invasion and involvement of the deep fascia). The present case report presents a 85-year-old male patient with a large tumor in the left breast, with a soft fatty consistency and not adhered to deep planes, who underwent surgery for complete removal.

KEYWORDS: BREAST; LIPOMA; BENIGN NEOPLASM

INTRODUCTION

Lipomas are benign neoplasms of the adipose tissue. When they have vascular components, they are called angioliipoma and chondrolipoma when the composition is cartilage tissue¹. They present as single or multiple nodules, uni or bilateral, with a soft consistency and well-defined limits². On ultrasound examination, they are hyperechoic, but mammography may not detect fat nodules. Needle puncture is not required.

Fibroadenolipoma is a well-circumscribed lesion, formed by normal lobules and ducts, separated by adipose and fibrous tissue. It is usually asymptomatic, however, it can reach large volumes⁴. On mammography, the hamartoma, which is an ectopy of mature tissue, appears as a well-delimited nodule of mixed density surrounded by a transparent halo. On ultrasonography, it can be hypoechoic or heterogeneous with hyperechoic areas^{5,6}.

Lipomas have a slow evolution and surgery is usually unnecessary, being indicated in cases of giant tumors⁷.

CASE REPORT

MPN, 85 years old, male, with large volume left breast tumor located in the retropectoral region. On physical examination, a tumor in the topography of the left breast, measuring 15 cm in diameter, painless, with a soft and fatty consistency and not adhering to the deep planes

(Figure 1). Ultrasonography was performed and a large lipomatous tumor was found in the left breast and located in the retropectoral region. Surgery was performed with complete removal of the lesion with an incision in the inframammary fold (Figures 2 – 4).



Figura 1: Paciente com lipoma mamário retropeitoral da mama esquerda.

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Figura 2: Remoção cirúrgica do lipoma de mama esquerda com incisão no sulco inframamário.

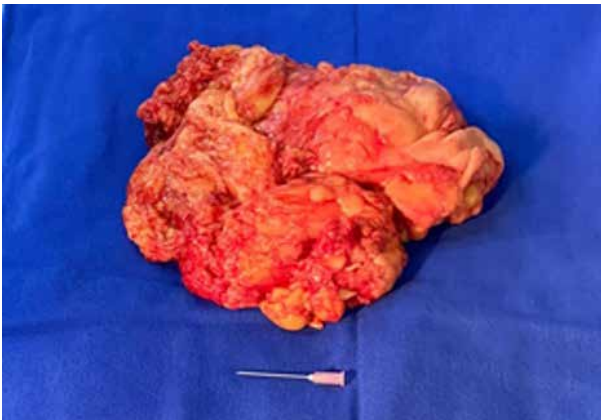


Foto 3: Aspecto macroscópico do lipoma mamário gigante.



Foto 4: Aspecto pós-cirúrgico (Incisão no sulco inframamário esquerdo).

DISCUSSION

The present report shows a case of a giant lipoma located in the left retropectoral breast region. The tumor was surgically removed due to its large dimensions. However, the literature reports that, in cases that present small lipomas, medical management is expectant, and surgery should be selectively indicated in cases of large tumors that are aesthetically unfavorable or that cause large asymmetries with painful symptoms ^{4,6}.

CONCLUSION

The present report presents a case of giant mammary lipoma located in the retropectoral region of the left breast. Lipomas are asymptomatic benign lesions with slow evolution, and surgery is indicated in cases of giant tumors that present painful, compressive symptoms and aesthetic deformity.

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