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CASE REPORT

VULVAR LIPOMA: A CASE REPORT

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ABSTRACT

Introduction: *This case report presents a rare instance of vulvar lipoma, a benign, slow-growing neoplasm of adipose origin. A 24-year-old unmarried woman presented with a painless, progressively enlarging vulvar mass. Ultrasound revealed a hyperechoic lesion suggestive of lipoma, confirmed by histopathology following surgical excision. While vulvar lipomas are extremely rare, surgical removal remains the preferred management in symptomatic cases.*

Keywords: *Benign Neoplasm, Case Report, Lipoma, Surgical Excision, Vulva*

INTRODUCTION

Lipomas are benign, slow-growing mesenchymal neoplasms originating from adipose tissue. While they commonly appear as soft, painless lumps on the trunk, they can occur anywhere in the body,[1-3] including though rarely, the vulva.[4,5] Lipomas affect 1% of the population and 2.1 people per 1000 people annually.[6] They typically appear between the ages of 40 and 60.[7]Although the cause of lipoma is unknown, some studies have demonstrated a genetic link. To rule out the likelihood of malignant tumors, the biopsy should be carried out by surgical excision.

CASE HISTORY

A 24-year-old woman presented with a painless, gradually enlarging mass in the right labia majora, first noticed a month prior while bathing. There were no associated symptoms such as pain, fever, discharge, or dyspareunia. She had no history of trauma, infection, or previous similar lesions. On examination, a soft, mobile, non-tender 5 × 5 cm mass was noted, covering the vaginal introitus (Figure1). There was no overlying skin discoloration or signs of inflammation. Written informed consent was obtained from the patient for publication of the case details and the associated clinical image. Ultrasound revealed a well-defined hyperechoic lesion (5.7 × 4.7 × 2.5 cm) without vascularity, suggestive of lipoma. Surgical excision was performed under general anesthesia, the mass was found to be encapsulated approximately 5 x 5 cm (Figure 2), and histopathology confirmed a mature adipocytic tumor consistent with lipoma (Figure 3). The postoperative course was uneventful.

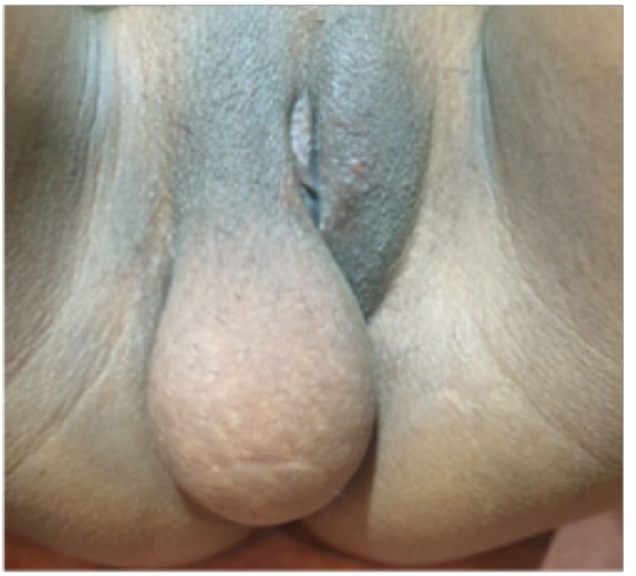

Figure 1. Mass arising from Right Vulva and covering the introitus

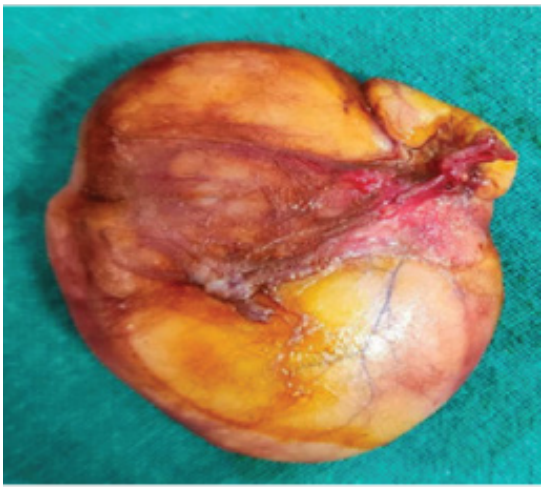

Figure 2. Vulvar lipoma after surgical excision

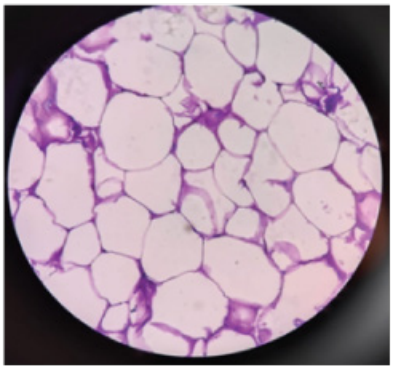

Figure 3. Histopathological specimen showing proliferation of mature adipocytes with eccentric nucleus and has vacuolated cytoplasm separated by fibrous septa

DISCUSSION

Lipomas are benign tumors arising from mesenchymal-derived adipose tissue and are among the most common soft tissue neoplasms.[8] Although they can occur at any age, from infants to the elderly.[9] Their presence in the genital area is rare, vulvar lipomas being particularly uncommon.[10]

These lesions usually present as slow-growing, soft, mobile, and painless masses, often discovered incidentally, as in the present case where the patient noticed the swelling while bathing. In some instances, however, the mass may enlarge significantly and cause localized discomfort due to pressure on surrounding nerves or tissues. The differential diagnosis of vulvar masses includes Bartholin gland cyst or abscess, which typically presents posterolaterally and may be tender or associated with discharge if infected; epidermoid or sebaceous cysts, which are usually superficial and firm; inguinal hernias, often reducible with a cough impulse; and liposarcomas, which are malignant and characterized by rapid growth, firmness, and irregular margins. Rare benign tumors like fibromas or angiomyolipomas may also mimic lipomas.

Clinical examination and imaging modalities such as ultrasound are useful for assessing the lesion's characteristics due to their accessibility and cost-effectiveness. MRI may be considered when deeper or atypical features raise suspicion of malignancy. Surgical excision remains the treatment of choice for vulvar lipomas.[9] Smaller lesions may be excised under local anesthesia, while larger or deep-seated ones might require general anesthesia. Complete excision, including the capsule, is essential to prevent recurrence. The procedure is typically well tolerated and performed on an outpatient basis. Recurrence is rare but can occur if the excision is incomplete. Postoperative follow-up is recommended to detect recurrence or complications. Histopathological examination of the excised tissue is essential to confirm the diagnosis and exclude malignancy. Characteristic histological features of lipomas include mature adipocytes arranged in lobules, separated by thin fibrous septa, and absence of atypia, mitoses, or necrosis, distinguishing them clearly from liposarcomas. Overall, vulvar lipomas are rare but benign lesions with an excellent prognosis when appropriately diagnosed and treated.

CONCLUSION

Vulvar lipoma is a rare benign tumor arising from adipose tissue and is infrequently encountered in clinical practice. Due to its typically asymptomatic and slow-growing nature, it may remain undetected for a long period. Clinical evaluation, supported by imaging modalities such as ultrasound or MRI, plays a crucial role in confirming the diagnosis and excluding other vulvar

pathologies, including malignancies like liposarcoma. Surgical excision remains the definitive treatment, with complete removal necessary to minimize the risk of recurrence. Histopathological examination confirms the benign nature of the lesion and rules out malignancy. The overall prognosis is excellent, with a very low likelihood of recurrence when the lesion is completely excised.

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