

Case Report

Angiolipoma of Tongue - A Rare Entity

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ABSTRACT

Lipomas are benign soft tissue neoplasms arising from adipocytes. Angiolipoma, a subtype of lipoma commonly occurs in extremities and trunk. Maxillofacial angiolipomas are extremely rare. We present a case of angiolipoma on the ventral surface of tongue in a sixteen year old male patient along with its clinical and histological features and management.

Keywords: angiolipoma, tongue.

INTRODUCTION

Angiolipoma, a subtype of lipoma is a benign tumor in which adipose tissue and vascular components are intermingled. [1] It is a variant of lipoma with prominent vascular component constituting only 6-17% of all lipomas. [2] They are subdivided into infiltrating and non infiltrating varieties. They may demonstrate neovascularity which mimics malignancy. The tumor occurs commonly in trunk and extremities, especially in the forearm. Its incidence is rare in the oral cavity and even rarer in the tongue. Surgical excision is the treatment of choice. They are removed for cosmetic reasons if they grow larger and the tissue is sent for histopathology.

CASE REPORT

We are presenting a case of angiolipoma over a rare site that is ventral surface of tongue. A sixteen year old male patient presented with a history of swelling over the undersurface of tongue since ten months which was gradually increasing in size and causing discomfort to the patient.

However it was painless and there was no history of bleeding from that site.

On examination an irregular mass measuring approximately 1 cm X 0.5 cm was seen on the ventral surface of the tongue, it was reddish in color (Figure 1). On palpation, it was not tender, soft with well demarcated margins and did not bleed on touch. There was no other lesion over the tongue or in the oral cavity. Rest of the examination of oral cavity and oropharynx was normal. There was no lymphadenopathy. The lesion was removed under local anesthesia. Using 2% xylocaine with adrenaline (1 in 1 lac concentration) infiltrated around the lesion, an elliptical incision made around the lesion and it was removed with the base and wound stitched using 3-0 vicryl suture, hemostasis was achieved and specimen was sent for histopathological examination. On histopathological examination there was a diffuse proliferation of mature fat cells mixed with thick fibrous connective tissue containing small blood vessels suggestive of angiolipoma (Figure 2). The patient was followed at interval of seven days, one

month and three months. There were no signs of recurrence.

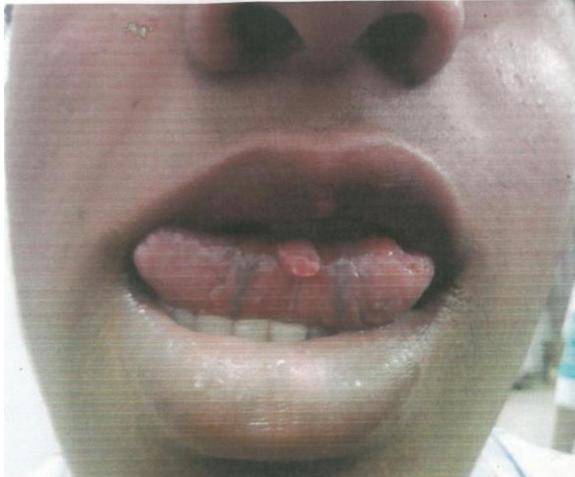


Figure 1: Clinical picture showing the lesion over the ventral surface of the tongue

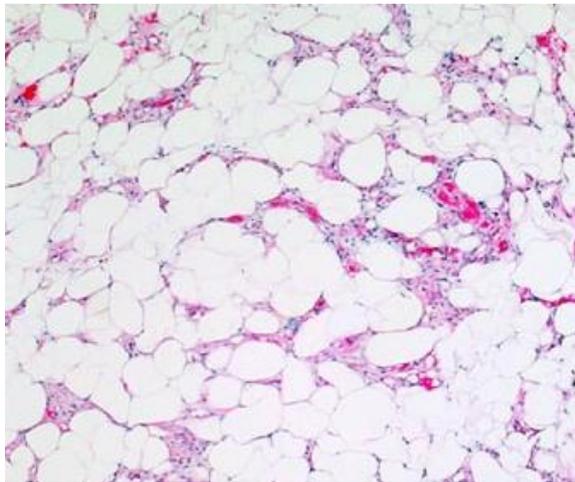


Figure 2: Histopathological picture showing features suggestive of angiolipoma

DISCUSSION

Angiolipomas are the histological variants of lipomas, containing mature adipocytes and blood vessels. History of trauma, fatty degeneration of central hemangioma, vascular proliferation of congenital lipoma and hormonal lipomatous differentiation during puberty are some reported etiologies. [2] Gonzales-crussi et al differentiated angiolipoma into two

histological varieties-infiltrating and non infiltrating. [3] Infiltrating angiolipoma in head and neck region is diagnosed by invasion of adjacent structures and it is difficult to separate it from the surrounding structures. Non infiltrating type is the most common. It presents as painless or tender subcutaneous nodules, generally in young patients and is rare before puberty. Histologically, it is encapsulated, and is a mixture of mature adipocytes and a proliferation of thin-walled vessels. Microscopically, angiolipoma is characterised by mature adipocytes, interspersed in connective tissues with vessels containing fibrin thrombi and mast cells infiltrations. This feature distinguishes it from usual lipoma. Lipoma, liposarcoma, hemangioma, leiomyoma, neurilemmoma, lymphangioma and Kaposi sarcoma are considered as differential diagnosis. Lipomas have no predominant vascular component. Surgical excision is the recommended treatment for infiltrating and non infiltrating angiolipomas.

CONCLUSION

This case is reported due to rare occurrence of the tumor and more so for being located on the ventral surface of tongue. The histopathological features have been thoroughly described.

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