

An Anterior Neck Lipoma Mimicking Thyroid Swelling: A Case Report

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ABSTRACT

Introduction: Lipoma arises from adipose cells, which are benign, mesenchymal tumors. They can be present all over the body, and around 13% are located in the head and neck region, but rarely occurs in the anterior aspect of the neck.

Case report: A 25-year-old woman presented with swelling in the anterior part of her neck. The swelling clinically resembled a thyroid swelling. But on evaluation, it turned out to be a lipoma. Surgical excision of the swelling was done.

Conclusion: Lipoma presenting in the anterior part of the neck is rare. It usually mimics a thyroid swelling. Evaluation with imaging and Fine needle aspiration cytology (FNAC) leads to proper diagnosis and helps in appropriate intervention.

Keywords: Lipoma, swelling, neck

INTRODUCTION

Lipomas are benign, mesenchymal neoplasms frequently arising from the abnormal proliferation or accumulation of adipocytes.¹ Approximately 13 % of lipomas are located in the head and neck region, the posterior triangle of the neck being the most common site of cervical lipomas.² However, these are very rare in the anterior neck. As these are slow-growing tumours, the majority of anterior neck lipomas are asymptomatic and rarely cause pressure symptoms.³ These usually mimic benign thyroid swellings due to their location.

CASE REPORT

A 25-year-old woman presented with a swelling in the anterior part of her neck, which came to her notice in the last seven months. She had no complaints of pain, difficulty in swallowing, breathing difficulty, or voice change. The patient reported the mass to be increasing in size. She had no symptoms suggestive of hypothyroidism or hyperthyroidism. Clinical examination revealed an anterior neck swelling of 7 × 6 × 2cm in size, non-tender, soft in consistency, and freely mobile (Fig. 1). The lower border of the swelling was palpable above the suprasternal notch. Swelling did not move with deglutition or on protrusion of the tongue. The patient was evaluated further with Ultrasonography (USG) of the Neck and Fine Needle Aspiration Cytology (FNAC) of the swelling,

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both of which were suggestive of lipoma. Hematological investigations were normal. The thyroid profile revealed an euthyroid status.

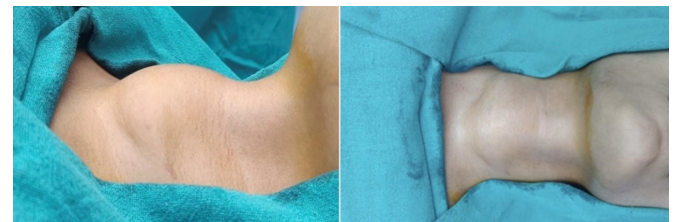


Fig. 1: Clinical picture of the patient showing the anterior neck swelling in lateral view and from the top

The patient was taken up for surgery. After local anesthesia infiltration, a transverse skin crease incision was made over

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the most prominent part of the swelling. Fatty swelling was identified in the subcutaneous plane and delineated all around (Fig. 2). Swelling was delivered out in toto and sent for histopathology. The neck wound was closed in layers. The histopathological examination (HPE) report revealed the mass as lipoma.



Fig. 2: Intraoperative picture of lipoma dissected out all around and the post-operative specimen.

DISCUSSION

Lipomas are composed of adipose tissue that can occur anywhere in the body. Lipomas are classified into subcutaneous type, subfascial type, or intermuscular type.⁴ They are slow-growing benign tumors, commonly located in the posterior neck in the subcutaneous tissue layer, external to the superficial cervical fascia.⁵ Confinement to the subcutaneous plane and slow-growing nature of this swelling result in the asymptomatic nature of anterior neck lipomas.⁶

Our patient had a rare presentation of lipoma involving the anterior part of the neck. It is gradually progressive, painless, and not compressing any vital structures, thereby not distorting normal neck anatomy. Clinically, the swelling extended from the upper thyroid cartilage to the suprasternal notch, looking like a thyroid swelling. This swelling exactly resembled a thyroid swelling, except for it did not move with deglutition. Like the majority of benign colloid goiters, the patient was asymptomatic but wanted surgery for cosmetic reasons.

For any anterior neck swelling, USG of the neck with an FNAC should be the investigations lined up for a proper diagnosis. A thyroid profile is also performed as the majority of these arise from the thyroid gland. However, the good old teaching that all anterior neck swellings are not thyroid swellings should never be underscored.

CONCLUSION

Lipomas are benign mesenchymal tumors that arise from adipose tissues. Lipomas in the anterior part of the neck are rare and usually mimic thyroid swelling. Adequate preoperative evaluation leads to a definitive diagnosis, thereby helping in surgical excision and providing good cosmesis with no functional impairment.

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