Intramuscular lipoma in the temporal region: a case report

Lipoma intramuscular em região temporal: relato de caso clínico

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INTRODUCTION

The intramuscular lipoma is a benign neoplasm of slow growth, composed by mature adipose cells permeated in a skeletal musculature, with invasive characteristics. Importance is given to the differential diagnosis of this neoplasm with liposarcoma because the similar clinical appearance of both diseases.

This tumor is rare in the maxillofacial region and associated with local recurrences. We report an intramuscular lipoma in the temporal muscle treated surgically, with no signs of recurrence after one decade of follow-up.

CASE REPORT

A white 42-years-old woman, referred swelling of slow growth in the left temporal region noticed nine months before. The patient related headache in the temporal region that extended to the frontal and parietal areas. The physical exam showed tumefaction of 7 cm at the left temporal region, painless to palpation, semi-firm consistency, and added to deeper layers (Figure 1). She also showed a slight functional limitation for mouth opening.

Figure 1. Lateral view showing a 7 cm tumefaction at the left temporal region and scar of the incisional biopsy.
In 10 years of observation, the patient presented good general health, with no complains or signs of recurrences and functional restrictions.

DISCUSSION

The intramuscular lipoma distinguishes itself from conventional lipomas because of its rarity and clinic-pathological characteristics. This neoplasm is rare at
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neck and head region, being reported in the trapezius, sternocleidomastoid, tongue, cheek, floor of mouth and temporal muscle\textsuperscript{1-6}. In some cases, it may be associated to a functional limitation of the affected muscle. Symptoms as headache and trismus are observed in cases that affect the temporal region\textsuperscript{4,6}.

The CT scan is useful to define the limits of the intramuscular lipomas and evaluate its invasion in the surrounding tissues, but it is considered deficient for the differentiation with malignant lipomatoses. Magnetic resonance images are more effective than CT on the differentiation of the lipomas and liposarcomas, including the well-differentiated variant\textsuperscript{7}. However, the histopathologic exam is essential to conclude the diagnosis\textsuperscript{3}.

Recurrences are related to its invasive nature and the difficulty of its excision. The percentages varied from 3% to 62.5% and these rates might be related to the extension of exeresis\textsuperscript{1-2}. Kindblom et al.\textsuperscript{2} showed a series of 33 intramuscular lipomas excised with margin of uninvolved surrounding tissues or myotomy. On their series, only one case (3%) recurred after 17 years. In our case, the lesion was totally removed, along with the muscular part added to its medial face. The patient has been observed for 10 years and has not shown signs of recurrence.

CONCLUSION

The intramuscular lipoma represents a rare lesion of the temporal region. Due to its great similarity with the liposarcoma, this lipomatose presents a diagnostic challenge for the several professionals that act in the maxillofacial region. As this lesion tends to local recurrence, removal of soft tissues adhered to it seems advisable for successful therapeutical achievement.

Collaborators

All authors provided the conception of the article, acquisition of data, drafting the manuscript and final approval of the submitted version.

REFERENCES