LIPOMA OF THE PAROTID GLAND: A CASE REPORT

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ABSTRACT

Lipoma was the most common neoplasm of mesenchymal origin, about 13% of it arose in the head and neck regions. Lipoma of the parotid gland was uncommon, accounting for 1% of parotid tumors. We report a case of an ordinary lipoma in the parotid gland and review articles.

Key words: Parotid gland, lipoma

Lipoma was the most common benign neoplasm of mesenchymal origin. About 13% of it occurred in the head and neck regions, most commonly in the posterior neck.[1-3] Lipoma in the region of parotid gland was rarely found, accounting for 1% of the parotid tumor.[4,5] Complete excision is curative, thus preoperative diagnosis could help in the treatment planning.

CASE REPORT

A 47 year-old female patient, presented with intermittent swelling of left neck for 2 years. There was no tenderness nor evidence of inflammation. No facial palsy is noted. Physical examination showed a soft tissue mass at left jugulodigastric area. Indirect laryngoscope revealed fullness of the left pyriform sinus.

Post contrast CT scan demonstrated a well-circumscribed low density mass of attenuation value -129 HU.,approximately 3 X 2 x 4 cm. in size. The mass was located in the deep part of left parotid gland. The rim of the normal parotid gland overlying lateral margin was identified. The posterior facial vein and external carotid artery were well seen lying within the mass (Fig.1,A,B). Right parotid gland is normal.

DISCUSSION

Lipoma may arise in the parotid gland and periparotid area. Of the reported cases, 57% arose within the gland and 43% were of periparotid origin (4-5). About 90% of these tumors were ordinary lipomas and the remaining lesions were infiltrating lipomatosis or infiltrating lipomas.

The ordinary lipoma was a discrete lesion that usually had a homogeneous low attenuation value (-65 to -125 HU.) Although a definite capsule was not seen, the lipoma was clearly defined from the adjacent structures (5,6). The lesion varied in size from 1 to 8 cm. in diameter, more common in female by a 10:1:ratio and was not associated with lipoma elsewhere in the body (7).

Infiltrating type of lipoma was rare. The CT appearance was one of a fatty infiltration that replaced all part of the parotid gland (7,8).

In this case, the typical CT characteristic with evidence of discrete margin, the definite diagnosis of ordinary lipoma was made. The presence of blood vessels inside the tumor mass suggested that the tumor had arose in the parotid gland. The tumor could be distinguished from other low attenuation masses in the parotid space such as branchial cleft cyst, cystic Warthin's tumors, abscess and rarely lymphangioma, by the characteristic density of fat. The rim and the associated clinical findings are not present.

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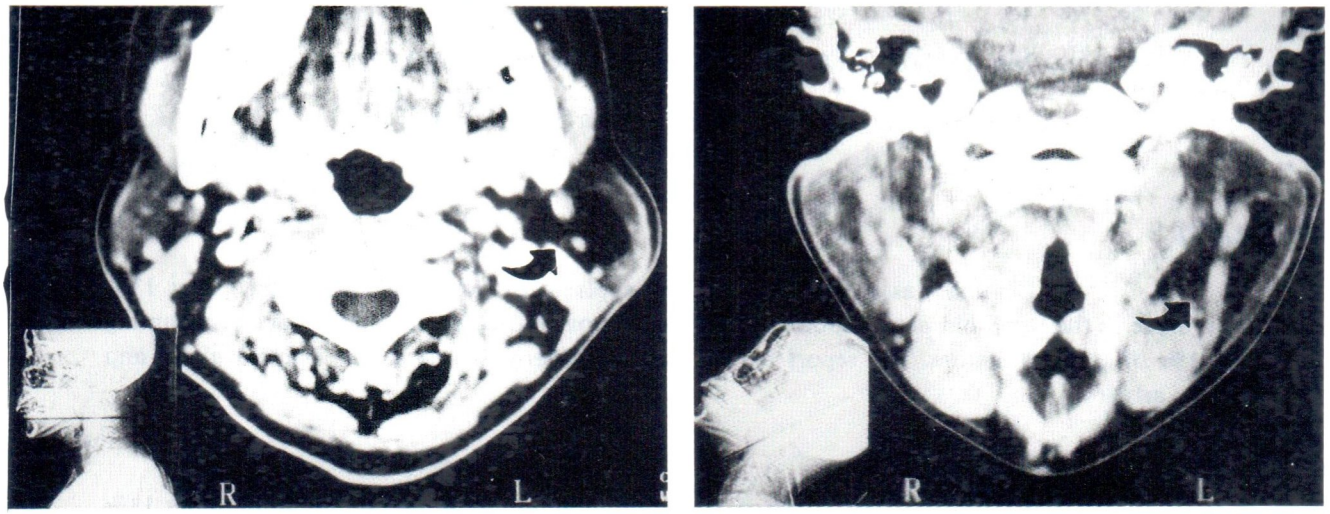

Fig.1. Post contrast (a) axial and (b) coronal CT scan showed left parotid lipoma with rim of normal parotid gland overlying lateral margin. Posterior facial vein and external carotid artery were well seen lying within the mass.

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