



## Clinical case

### Lipoma of the oral floor: a case report from the department of surgery B at the CHU Point G of Bamako/Mali

Lipome du plancher buccal à propos d'un cas dans le service de chirurgie B au CHU Point G de Bamako/Mali

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#### Abstract

These are benign tumors developed at the expense of the buccal board, the frequency of these tumors is rare compared to other tumors of the oral cavity. We report a case of prolapsed buccal board tumor followed by a review of the literature.

This is a 62-year-old man seen in consultation for externalization of a segment of the digestive tract following an effort to vomit. After the clinical and paraclinical examination, the diagnosis of a buccal plank tumor was made. Excision carried out found a pedunculated tumor at the expense of the right tonsil. The buccal plate can be the seat of several affections in general and benign tumors in particular, the treatment is surgical and the prognosis is generally good.

Keywords: benign tumor, buccal plank.

#### Résumé

Ce sont des tumeurs bénignes développées aux dépens de la planche buccale, la fréquence de ces tumeurs est rare par rapport aux autres tumeurs de la cavité buccale. Nous rapportons un cas de tumeur prolapsus de la planche buccale suivi d'une revue de la littérature.

Il s'agit d'un homme de 62 ans vu en consultation pour une extériorisation d'un segment du tube digestif suite à un effort de vomissement. Après l'examen clinique et paraclinique, le diagnostic de tumeur de la planche buccale a été posé. L'exérèse pratiquée a retrouvé une tumeur pédiculée au détriment de l'amygdale droite. La plaque buccale peut être le siège de plusieurs affections en général et de tumeurs bénignes en particulier, le traitement est chirurgical et le pronostic est généralement bon.

Mots clés : tumeur bénigne, planche buccale.

#### Introduction

Introduction Lipomas are benign mesenchymal tumors composed of mature fat cells. This tumor is rare in the floor of the mouth, it is asymptomatic at the beginning, but can cause a functional problem when it becomes large. We report a case of lipoma of the floor of the mouth revealed during a vomiting effort.

## Clinical case

This is a 62 year old man who was seen in consultation for the externalization of an endo oral mass after an effort to vomit, the beginning of which goes back to 48 hours associated with speech disorders, discomfort during mastication and swallowing. On admission, the endobuccal examination found a pediculated, polylobed endobuccal swelling, well limited, continuing on the esophagus with areas of necrosis on the external part of the mouth (figure 1).

On palpation, a soft, painless mass measuring approximately 17 cm is found. It is covered by a healthy mucosa. There is no cervical adenopathy. In addition, there is hypertrophy of the lower limbs.

General signs WHO 1, colored conjunctiva, blood pressure 120/70 millimeters of mercury, Pulse 84pulses per minute, respiratory rate 26cycles per minute, Weight 60kilograms, height = 1,67 BMI=17,9kg /m.

A maxillofacial scan was performed and showed a prolapsed endobuccal mass in the exo buccal region with regular homogeneous contours, pedicle base at the level of the buccal floor, benign in appearance (figure 2), absence of metastasis.

The preoperative workup was requested and the result was as follows: Rhesus A positive, hemoglobin level = 9.69g/d, hematocrit 29.6%, blood glucose = 9.2 mmol/L

The diagnosis was a pedunculated tumor of the floor of the mouth, benign in appearance, and the patient was operated on intraoperatively. The exploration revealed a pedunculated tumor at the expense of the right tonsil. The treatment consisted of removal of the tumor at its base and hemostasis (Figure 3). The surgical specimen was sent for anatomopathological examination, the result of which was a lipomatous tumor with no sign of malignancy. On the basis of the histology associated with the clinical signs we concluded to a lipoma of the right tonsil. The postoperative course was simple and the operation was performed on day 5. The patient was seen again one month later with a normal clinical examination.



Figure 1 : Pediculated, polylobed endobuccal swelling

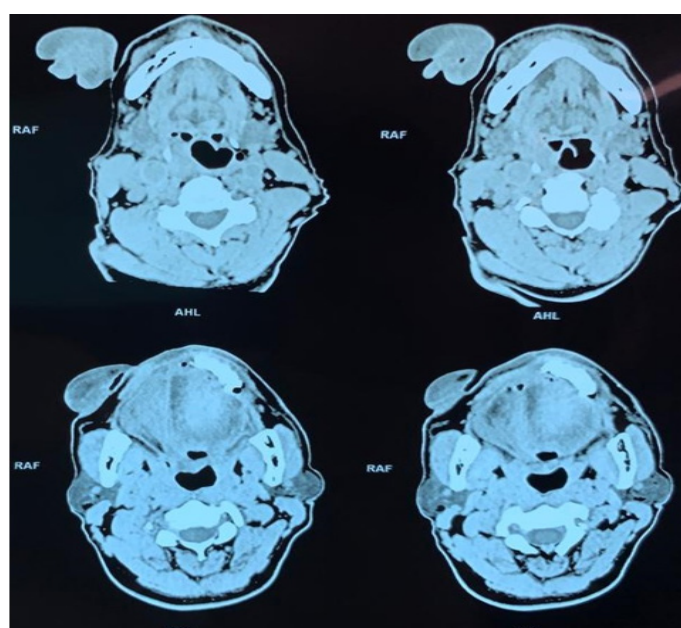


Figure 2: CT image of lipoma of the floor of the mouth

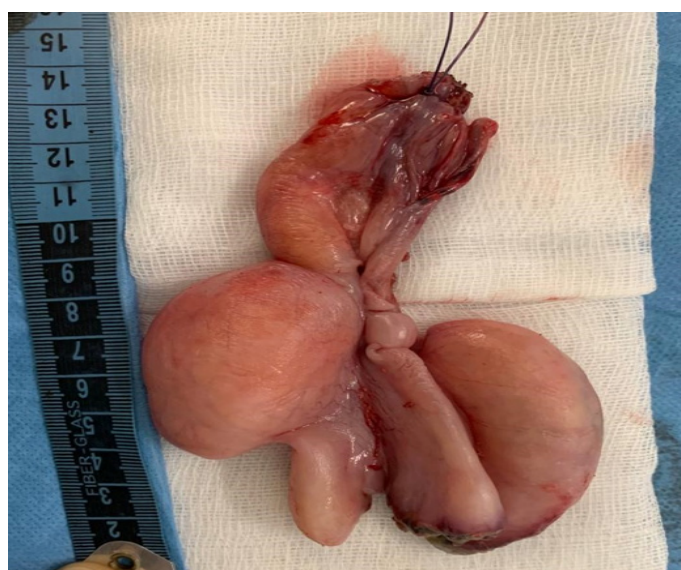


Figure 3: Removal of the surgical specimen

## Discussion

Lipoma is a benign mesenchymal tumor, composed of mature fat cells [1], This tumor can sit in any region of the body. These tumors occur in the head and neck in 20% of cases, and only 1 to 4% in the oral cavity [2]. The most common location of lipoma of the oral cavity is the vestibular mucosa, rich in adipose tissue, followed by the tongue, lips and oral floor 1.98%, [3]. The lipoma of the floor of the mouth is rare, due to the lack of adipose tissue in this area, and is generally observed in elderly males. This male predominance is found by some authors [4,5].

The pathogenesis remains unknown. Several favourable factors have been put forward, such as the presence of a genetic, hormonal, traumatic, infectious or ischemic factor, a metaplasia of the muscle cells or a fatty degeneration [6]. In the present clinical case, smoking was found to be the main risk factor. Clinically, the lipoma of the floor of the mouth is generally asymptomatic, the appearance of signs depends on the increase in its size [7]. Although it is a benign tumor, the lipoma of the floor of the mouth can engage the vital prognosis by the obstruction of the upper aerodigestive tract responsible for snoring and sleep apnea episodes [8,9]. In our patient the clinical picture was poor until the externalization of the mass following an effort of vomiting where he had

The patient presented a speech disorder, discomfort during chewing and swallowing. The lipoma of the floor of the mouth can present as a soft or firm mass of yellow or pink color, sessile or pedicled [7], in the present clinical case the patient had a mass of pink color, not painful of soft and pedicled consistency

On computed tomography (CT), the lipoma of the floor of the mouth appears as a homogeneous hypodense mass. In developing countries such as ours, we do not have other diagnostic means such as magnetic resonance imaging (MRI). Therefore, the diagnosis of lipoma of the floor of the mouth was evoked in front of the data of the clinical and paraclinical examination (CT) confirmed by histology.

On the anatomopathological level, there are several

histological forms, the most frequent of which is the conjunctival form, followed by other cystic, nervous and adipose forms [10,11].

The therapeutic management of the tumor consists of surgical removal. Other modern therapeutic means such as the Erbium Yag laser or the CO2 laser can be used [12]. They limit intra- and post-operative bleeding and reduce pain. Toïda et al [13] used cryotherapy to treat mucoid cysts. Our therapeutic procedure consisted of surgical removal and the postoperative course was simple. This surgery must be complete in order to minimize recurrence.

## Conclusion

The floor lipoma is a rare benign tumor the treatment is surgical and the prognosis is generally good

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**Conflit d'intérêt** : Aucun

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