

Nasal subcutaneous lipoma, a case report*

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SUMMARY

Objective: We report an extremely rare case of subcutaneous lipoma of the nasal vestibule.

Method: A case report and a review of the literature concerning lipomatous growths in the nose and paranasal cavities are presented.

Results: A 34-year-old male presented with a swelling protruding from the dome of the right nasal vestibule. The swelling was excised and histological examination revealed it to be a subcutaneous lipoma.

Conclusion: Lipomas of the nasal cavity and paranasal sinuses have previously been reported, however, to our knowledge, this is the first report of such a lipoma developing subcutaneously under the nasal skin.

Key words: subcutaneous lipoma, nasal swelling

INTRODUCTION

Lipoma is the most common benign soft tissue tumour in adults. Lipomas of the nasal cavity and paranasal sinuses have been previously reported, but there is no report of subcutaneous lipoma under the nasal vestibular skin. In this article we describe a case of subcutaneous lipoma that was situated at the right alar rim of the nose in a 34-year-old male patient.

CASE HISTORY

A thirty-four-year old male patient presented to us complaining of a swelling in his right nostril of 5 months duration. It appeared gradually and progressed slowly. It was painless with no history of trauma or any discharge from the swelling, while there was no history of nosebleeds or facial swelling. The mass was about 12 x 14 mm in diameter and was located in the alar rim of the right nasal vestibule. It was protruding inferiorly and anteriorly and was partially occluding the nostril. The skin overlying the swelling was hyperaemic (Figure 1).



Figure 1. Preoperative anteroposterior (left), and basal (right) views of the lipoma.

OPERATIVE TECHNIQUE

Following clinical examination, tumours of dermal, fatty, muscular, cartilaginous and neurogenic origin were considered in the differential diagnosis. The operative plan was to perform an incisional biopsy before proceeding resection or reconstructive procedures in this most conspicuous area of the face. We chose to access the swelling from inside the vestibule of the right nostril through a small incision to preserve the skin for possible primary wound closure.

A regional infra-orbital nerve block was utilized, assisted by local infiltration with a mixture of lidocaine 2% and epinephrine 1/200 000. A small incision was made on the undersurface of the swelling within the vestibule of the right nostril. As the full thickness of the skin was incised, a part of the swelling bulged out in a way characteristic for a lipoma. Assisted with a mild squeeze, the rest of the lipoma was extracted easily (Figure 2). The diagnosis of lipoma was confirmed with histological examination.



Figure 2. Immediate postoperative anteroposterior view with the excised lipoma on a piece of gauze.

DISCUSSION

Lipoma is a common neoplasm of mature fat cells that may develop anywhere in the body. It is the most common benign soft tissue tumour in adults. Several lipomas of the nasal cavity and paranasal sinuses have been previously reported. Most of these lipomas occur in paediatric patients either as solitary lesions ^(1,2) or as part of a syndrome ⁽³⁻⁶⁾. The only reported case in an adult patient was situated on the posterior part of the nasal septum and was removed endoscopically ⁽⁷⁾. However, this is the first reported case of a lipoma present subcutaneously under the vestibular nasal skin.

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