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Pleural lipoma an incidental finding: A case report

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Abstract

Lipomas are benign, encapsulated, homogeneous, mesenchymal, slow growing tumors composed of adult adipose tissue and occasionally fibrous stroma. Lipoma originating from the pleura is a very rare entity. Most patients remain asymptomatic and the lipoma is found incidentally on a chest radiograph or a computed tomography (CT) scan. Since only a few cases have been published in the recent literature, here we present a case of pleural lipoma, which is of intrathoracic variety with imaging findings from chest radiograph and CT examinations.

Keywords: Pleural Lipoma, Chest Radiograph, Computed Tomography.

1. Introduction

Lipomas are benign, encapsulated, soft-tissue neoplasms that demonstrate slow growth [1]. Although they account for the most common benign soft tissue tumors in humans, intrathoracic lipomas are considered rare. Pleural lipomas originate from the submesothelial layers of parietal pleura and extend into the subpleural, pleural or extrapleural space [2]. Most patients remain asymptomatic and the lipoma is found incidentally on a chest radiograph or a computed tomography (CT) examination. Since only a few cases have been published in the recent literature, here we present a case of pleural lipoma, which is of intrathoracic variety with imaging findings from chest radiograph and CT examinations.

2. Case presentation

A 65 year old female patient came to chest Out Patient department with complaints of cough and shortness of breath for 2 months. On examination she had dull note on percussion and decreased breath sounds on auscultation in right infrascapular and infra axillary regions. She was then subjected to radiological investigations with Chest Radiograph and CT. Chest Radiograph demonstrated a solid, well delineated lesion in right lower zone (Figure-1). CT showed a smooth edged mass, with homogenous hypodensity measuring 9.8 x 11.2 cm in size with radiological findings of fat (-50 to -100 Hounsfield units) (Figure-2 & Figure-3).



Fig 1: Chest X-ray PA view demonstrating a solid, well delineated lesion in right lower zone.

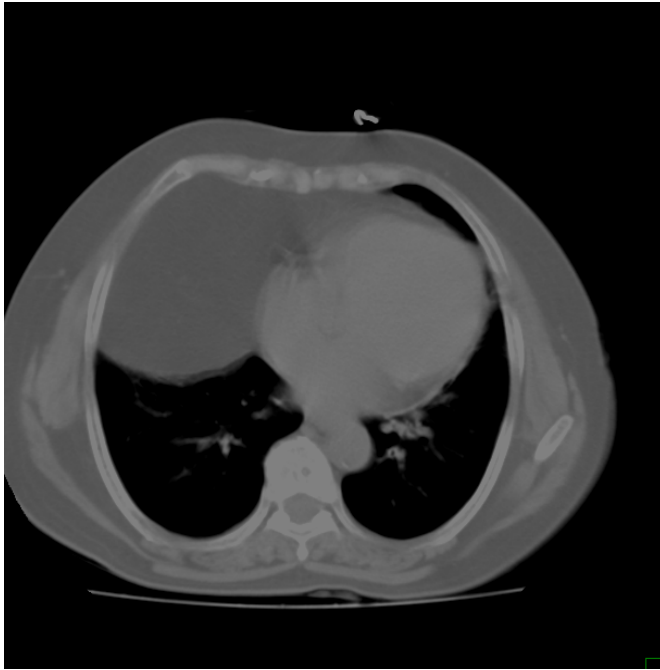


Fig 2: CT showed a smooth edged mass, with homogenous hypodensity measuring 9.8 x 11.2cm in size with radiological findings of fat (-50 to -100 Hounsfield units).

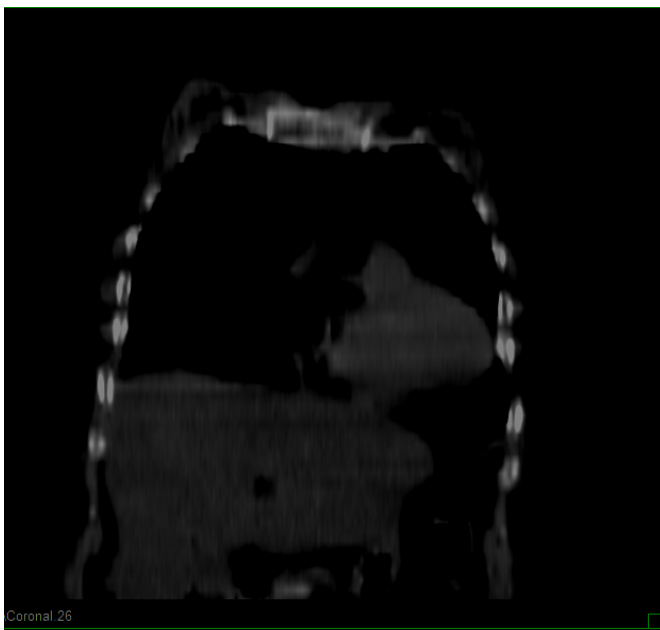


Fig 3: Coronal section of CT showing pleura lipoma in right hemithorax with radiological findings of fat (-50 to -100 Hounsfield units).

3. Discussion

Pleural lipoma are extremely rare. They are of two types 1. hour glass or dumb bell lipomas 2. intrathoracic lipomas [3]. According to their origin, they are classified into endobronchial lipoma, diaphragmatic lipoma, parenchymal lipoma, pleural lipoma, mediastinal lipoma and cardiac lipoma [4]. Most patients are asymptomatic. The occurrence of symptoms depend on the size of the lipoma. Although the tumours were detected incidentally in a chest X-ray, CT scan has replaced conventional x-ray and ultrasound scan for accurate detection of thoracic lipomas. CT allows a definitive diagnosis when it demonstrates a homogeneous fat attenuation mass (-50 to -150 Hounsfield units, or HU)

which formed obtuse angles with the chest wall and displaced adjacent pulmonary parenchyma and vessels. Management includes clinical and radiological follow up. Follow up is done to see for malignant changes so that surgical intervention can be planned accordingly.

4. Conclusion

CT should be considered as the imaging method of choice to elucidate the location and extent of pleural lipomas.

5. References

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