The Journal of International Advanced Otology

Int Adv Otol 2015; 11(1): 92-4 • DOI: 10.5152/iao.2015.738

Case Report

Conchal Lipoma: A New Lipoma Site

Mohammad El-Anwar, Ahmed Sweed

Department of Otorhinolaryngology-Head and Neck Surgery, Zagazig University Faculty of Medicine, Zagazig, Egypt (MEA, AS)

Lipomas, the most common benign tumors, rarely originate from the external ear. The first case of a lipoma originating from the concha of the auricle was reported and described in the current study. It was successfully removed under local anesthesia. This directs the attention of surgeons toward lipomas as a cause of conchal mass because the early diagnosis of a lipoma when it is still small allows its easy, safe, and complete removal.

KEYWORDS: Auricle, concha, lipoma

INTRODUCTION

Lipomas are benign tumors and present as painless, soft masses, which are commonly seen in adults [1], and are most commonly found in the subcutaneous tissue of the neck and trunk. In the head and neck region, they arise in the posterior cervical triangle and forehead [2], and they have not been previously reported to originate from the concha of the auricle.

CASE REPORT

A 42-year-old male patient who was a non-smoker presented with left painless swelling of the concha for 2 years. Apart from repeated wax accumulation and cleaning, there were no other otologic symptoms. He had no history of facial trauma, infection, or ear surgery. He had no significant medical history except chronic liver disease with esophageal varices. A general examination detected no cutaneous or soft tissue tumors.

The examination revealed a soft, mobile, regular, non-tender, non-fluctuant, and non-pulsatile mass on the left concha with an apparently normal mobile covering skin (Figure 1). There was no other palpable mass in the head and neck region. The remainder of the otolaryngological examination was normal.

An informed consent form was signed by the patient. Under local anesthesia, the mass was completely removed as a single mass, and the wound was primarily closed. The postoperative course was uneventful. The excised specimen showed a well-encapsulated, yellowish-pink, and bilobed soft mass with the larger lobe taking the contexture of the part of concha it related to (Figure 2). The patient was discharged one hour after surgery.

A histological examination confirmed the diagnosis of a lipoma. The histological diagnosis was a lipoma composed of homogeneous mature fat cells arranged in lobules and separated by a thin fibrovascular trabecular; the lipocytes were uniform in size with small bland eccentric nuclei. There was no evidence of malignancy.

To date, the patient is free of symptoms without any complication. Moreover, a clinical examination revealed an apparently normal concha without recurrence or other pathologies (Figure 3).

DISCUSSION

Lipomas, the most common benign tumors, are composed of adipose tissue. Nearly 15% of all lipomatous tumors arise in the head and neck region [3]. The posterior neck is the most common site of lipomas, whereas other less common sites include the parotid, buccal mucosa, hypopharynx, retropharynx, and larynx. They are rarely reported to involve the face, scalp, orbit, nasal cavity, paranasal sinuses, nasopharynx, cranium, or ear [4]. Cerebellopontine angle and internal auditory meatus lipomas have been also reported and cause symptoms similar to those associated with acoustic neuromas [5].

Lipomas rarely originate from the external ear [6] as these originate from the ear lobule [7]. Only one case of a lipoma of the helix of the pinna was reported [8], whereas a conchal lipoma has not been previously reported.

Corresponding Address:
Mohammad El-Anwar, Department of Otorhinolaryngology-Head and Neck Surgery, Zagazig University Faculty of Medicine, Zagazig, Egypt
Phone: 00201004695197; E-mail: mwenteg@yahoo.com

Submitted: 14.12.2014 **Accepted:** 30.03.2015

Figure 1. The preoperative view of the well-circumscribed conchal mass

Figure 2. The specimen after removal in one piece

A lipoma of the concha of the auricle was reported and described in the current study; the diagnosis was clearly benign, so excisional biopsy was decided. However, we agree with Berner et al. [7] that if there is a doubt about the diagnosis, fine-needle aspiration cytology can be performed for confirming the diagnosis.

Figure 3. The postoperative view showed an apparently normal concha without recurrence

The current study reported that the subcutaneous lipoma was histologically confirmed as a conventional lipoma, similar to a previously reported case of a helical lipoma [8] and without adding features (variants) such as osseous dysplasia as reported by Ramadass and Narayanan [6] in their reported case of a lipoma of the external ear.

To the best of our knowledge, this is the first reported case of a lipoma of the concha, a new site for a lipoma. Therefore, lipomas should be considered in the differential diagnosis of benign tumors of the auricle, and treatment can be successful by a simple excision with a good cosmetic result when the lipoma is small.

CONCLUSION

The first case of a lipoma originating from the concha of the auricle was reported and described in current study. It was successfully removed under local anesthesia. This directs the attention of surgeons toward lipomas as a cause of conchal mass because the early diagnosis of a lipoma when it is still small allows its easy, safe, and complete removal.

Ethics Committee Approval: Written informed consent was obtained from the patient who participated in this case.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - M.E.A., A.S.; Design - M.E.A.; Supervision - M.E.A., A.S.; Data Collection and/or Processing - M.E.A., A.S.; Analysis and/or Interpretation - M.E.A., A.S.; Literature Review - M.E.A.; Writing - M.E.A., A.S.; Critical Review - M.E.A., A.S.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

REFERENCES

1. Hameed M. Pathology and genetics of adipocytic tumors. Cytogenet Genome Res 2007; 118: 138-47. [CrossRef]
2. Donley BG, Neel M, Mitias HM. Neural fibrolipoma of the foot: a case report. Foot Ankle Int 1996; 17: 712-71. [CrossRef]
3. Dispenza F, De Stefano A, Romano G, Mazzoni A. Post-traumatic lipoma of the parotid gland: case report. Acta Otorhinolaryngol Ital 2008; 28: 87-8.
4. Barnes L. Tumors and tumor-like lesions of the soft tissues. In: Surgical Pathology of the Head and Neck. Second Edition 2001; 2: 915-8.
5. Tankéré F, Vitte E, Martin-Duverneuil N, Soudant J. Cerebellopontine angle lipomas: report of four cases and review of the literature. Neurosurgery 2002; 50: 626-31. [CrossRef]
6. Ramadass T, Narayanan N. Lipoma of the external ear with osseous metaplasia. Indian J Otolaryngol Head Neck Surg 2001; 53: 231-2.
7. Berner A, Lund-Iversen M, Nesland JM. Fine needle aspirations in oncology. Arkh Patol 2011; 73: 21-6.
8. Mettias B, Farboud A, Trinidade A, Bansal A, Zeitoun H. Lipoma of the pinnal helix: a very unusual location for a very common tumour. BMJ Case Rep 2012: 1-2. [CrossRef]