

Giant Hand Lipoma Revisited: Report of a Thenar Lipoma & its Literature Review

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Received: 12 February 2013 / Accepted: 20 February 2013 / Published online: 6 March 2013
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Dear Sir,

Lipoma is the commonest soft-tissue tumor occurring almost in any part of the body [1]. A special subtype—‘giant lipoma’ merits mention as it accentuates the presenting symptoms and offers diagnostic dilemma regarding its benign nature to the surgeon. In this paper we present a case of a giant hand lipoma.

Sixty-one years old female presented with 4×4 cm swelling at her right thenar eminence since last 5 years (Fig. 1a). It was hindering her grasping activities so much so that she had to quit her job. Hand x-ray showed a diffuse soft-tissue shadow. Contrast-enhanced-magnetic-resonance-imaging showed 9.5×4.5×4cm homogeneous soft-tissue lump having superficial and deep components (Fig. 1b). It was

masquerading further through 1st, 2nd till the 3rd web-spaces along the flexor digitorum tendons. Neurovascular structures were free. Hand-exploration through palmer-crease was performed to achieve its complete excision (Fig. 2a and b). She had a good postoperative recovery. Histopathology confirmed the benign nature of the lipoma.

It’s an interesting fact that hand lipomas are rare in spite of decent quantity of fat in palm region (1–3.8 %) [2]. Oster noted that the hand lipomas are peripherally positioned [2]. Their peripheral location may be due to thick mid-palmer fascia. They are unique in their presentation owing to limited palmer spaces (for their growth) surrounding important neuro-vascular structures. Mason further classified hand lipomas into superficial and deep palmar lipomas; the deeper ones are less common than the superficial ones and have complex variable morphology as noted in our patient [3]. Ones greater than 5 cm are designated as ‘giant’ lipomas and many of them have well-differentiated liposarcomatous components, which are difficult to differentiate from their benign counterparts [3, 4]. Patient usually approaches surgeon for compressive neurological symptoms, cosmesis, and fear of cancer (the 3 ‘C’s). Clinically small appearing hand lipomas may actually just be ‘a tip of ice-berg’ as found in our patient. Hence, they need a detailed imaging study by an MRI. Surgical excision remains the gold-standard for symptomatic and giant lipomas of the hand. Giant lipomas up to 8 cm have been reported in the literature [3, 4]. Our patient had 9.5×4.5×4 cm lipoma (Fig. 2c).

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Fig. 1 **a** Thenar lipoma. Note its clinical extent. **b** MRI showing the complete extent of the giant lipoma. Note the coronal and the sagittal sections showing lipoma engulfing the tendons of flexor digitorum

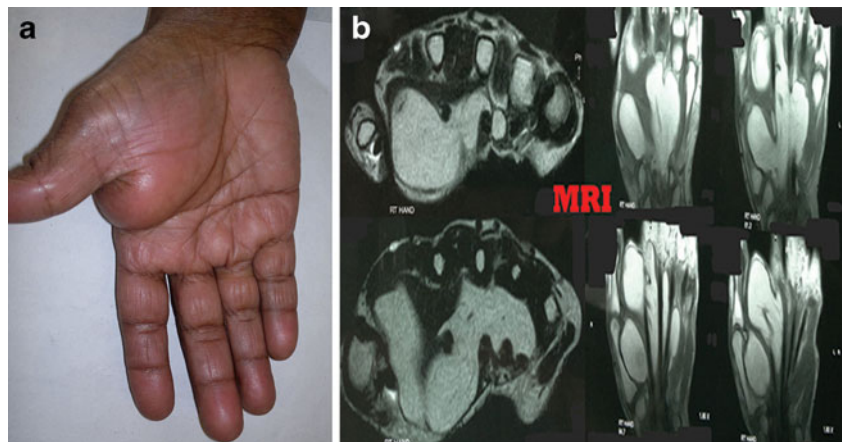
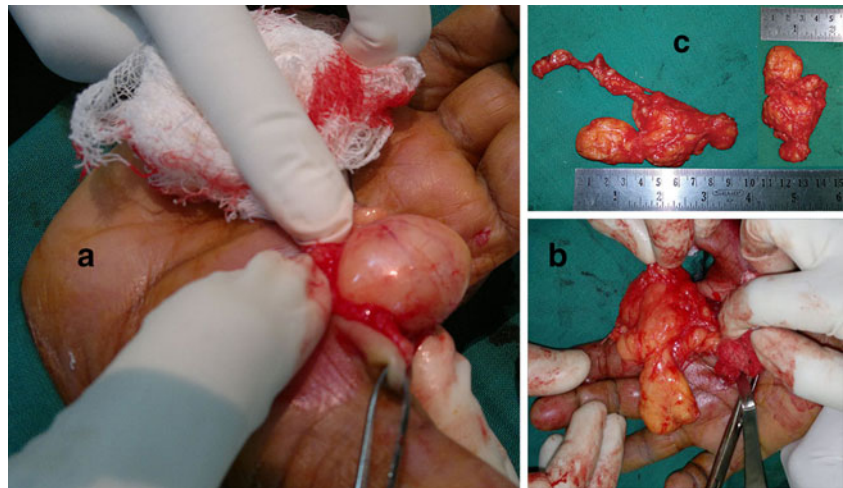


Fig. 2 Per-operative photograph showing initial part of lipoma projecting thru skin crease incision (**a**), followed by complete excision (**b**). **c** Completely resected specimen of giant lipoma. Note 9.5×4.5×4 cm size



Considering the ‘intricate anatomy’ of hand, a high quality imaging is necessary for their detailed study. A meticulous margin-free resection is the key for good results.

Source of support NIL

Conflict of interest NONE

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