Diagnosis and treatment of upper eyelid lipoma: A case report

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ABSTRACT

Purpose: Presentation of a rare lesion: a case of upper eyelid lipoma.

Observations: A 76-year-old otherwise healthy woman presented with a right upper eyelid swelling. Her medical history was recorded. On ophthalmologic examination a soft, non-ulcerated and not well-circumscribed mass was evident. An ultrasonography examination was carried out showing a hyperechoic non capsulated mass situated between the superior orbital margin and the orbicularis oculi muscle.

Conclusions and Importance: Eyelid lipomas must be differentiated from herniated orbital fat, cystic lesions, tumours, and the lacrimal gland.

A pre-operative differential diagnosis of eyelid lipoma can be done through medical history, ophthalmologic, and ultrasonography examinations. Nevertheless, in case of doubt a magnetic resonance imaging (MRI) should be performed to assess a possible orbital involvement and to plan for the right surgical procedure to be performed.

1. Introduction

Lipomas are soft, benign tumours, and usually present with slow growth. Histologically, they are characterized by fat lobules among fibrous septa. Lipomas are occur most commonly within the subcutaneous tissue of the back, neck, and limbs. Nevertheless, all areas can be affected by this kind of lesion. Herein, we present a case of a lipoma of the upper eyelid.

2. Case report

A 76-year-old otherwise healthy woman presented with a 4-year history of slow, progressive right upper eyelid swelling. She did not experience pain or other symptomatology, but only slight discomfort. Although lipomas are commonly linked with a translocation between chromosome 12 and 3, the exact cause is not clear. Several cases are linked with a previous trauma in the area. Despite being the most frequent soft tissue tumours with an incidence of up to 2.1 per 100 individuals, few cases of lipomas involving the eyelid have been described in literature. Different subtypes of lipomatous lesions exist and can be classified with a microscopic examination.

A pre-operative differential diagnosis of eyelid lipoma can be done through medical history, ophthalmologic, and ultrasonography examinations. Nevertheless, in case of doubt a magnetic resonance imaging (MRI) should be performed to assess a possible orbital involvement and to plan for the right surgical procedure to be performed.

No functional deficits were detected during the post-operative period (Fig. 4). No complications were reported after a two months’ follow up.

3. Discussion

Although lipomas are commonly linked with a translocation between chromosomes 12 and 3, the exact cause is not clear. Several cases are linked with a previous trauma in the area. Despite being the most frequent soft tissue tumours with an incidence of up to 2.1 per 100 individuals, few cases of lipomas involving the eyelid have been described in literature. Different subtypes of lipomatous lesions exist and can be classified with a microscopic examination.

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(https://creativecommons.org/licenses/by-nc-nd/4.0/).
A pre-operative differential diagnosis of eyelid lipoma can be carried out through medical history and symptoms (speed of onset, pain, changes in visual acuity), and an ophthalmologic and ultrasonography examination. Nevertheless, in situations where the diagnosis remains unclear, magnetic resonance imaging can be performed to assess a possible ocular cavity involvement and to plan the right surgical procedure to be performed.

MRI is in fact a more sophisticated examination but its cost-effectiveness should be individually evaluated.

Lipomas are surgically removed daily in hospitals worldwide, but only few cases of eyelid lipoma have been described in literature. They can be frequently found in the trunk, and in the limbs where they can often be easily removed. The periorbital region represents a surgically challenging site. For this reason, surgical excision of the mass should be carried out with maximum care in order to minimize conjunctival and muscle tissue excision and to avoid asymmetries and scarring. Among the few cases described in literature we can identify different subtypes of lipoma, such as an osteolipoma, a myolipoma, a spindle-cell lipoma and a capsulated lipoma. We have described a case of non-capsulated and non-muscle-infiltrating lipoma.

4. Conclusions

Although eyelid lipomas are very rare lesions, they should be considered in the differential diagnosis for slow growing subcutaneous eyelid masses. Both ophthalmologic and ultrasonography examination should be performed to obtain a pre-operative diagnosis. In case of doubt, a magnetic resonance imaging is essential to evaluate a possible ocular cavity involvement.

Patient consent

Consent to publish this case report has been obtained from the patient in writing.

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Authorship

All authors attest that they meet the current ICMJE criteria for Authorship.

Declaration of competing interest

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