Abstract: We describe a rare case of large congenital lipoma in the upper lip of a six-month-old infant. Surgical excision of the tumor was successful, with satisfactory esthetic and functional results. (J Oral Sci 51, 489-491, 2009)

Keywords: mouth neoplasms; adipose tissue; lipoma; congenital.

Introduction

Lipoma is the most common benign mesenchymal tumor and can develop in any site where adipose tissue is present. It mainly occurs in subcutaneous tissue, but can also present in deeper regions. Peak occurrence is mainly in the fifth or sixth decades of life, and the tumor is uncommon in childhood (1). Although 15 to 20% of these tumors occur in the head and neck region, only 1 to 4% affect the oral cavity, representing 0.1 to 5% of all benign tumors of the mouth (2).

This report describes a rare case of large congenital lipoma in the upper lip of a six-month-old infant.
Congenital lipoma in the oral cavity is a rare entity and its appearance in the lip is even rarer. Few cases of congenital lipoma are reported in the literature and none were found regarding lipoma affecting the lip. De Carvalho et al. (3), Dimitrakopoulos et al. (4), and Mahabir et al. (5) reported congenital lipoma in the vestibular fornix of a seven-month-old boy, the tongue of a 20-day-old girl and the soft palate of an eight-month-old boy, respectively.

The histogenesis of this lesion remains unclear. A study of the embryogenesis of fat tissue reveals that it appears in the embryo, and the formation of new lobules ceases in late fetal life or the early postnatal period (6). Lipoma is thought to result from a continuation of the proliferation of these fat tissue lobules.

The distinction between benign neoplasm, malformation, and hyperplasia may not be clinically clear. Lipoma in adults is commonly considered a neoplasm, whereas in children it is classified as either a neoplasm or malformation (7). Solitary lipomas, such as those found in the present case, are considered true neoplasms rather than developmental malformations.

Clinically, lipomas are generally mobile, painless, submucosal nodules with a yellowish color; these characteristics were all noted in the congenital variant described here. Due to these clinical characteristics, other lesions should be considered in the differential diagnosis of oral lipoma, such as dermoid and epidermoid cysts and congenital lip entities, including common vascular lesions (hemangioma and lymphangioma), benign mesenchymoma, and mucous cysts (8). However, these lesions may occur at other sites of the oral mucosa. Mesenchymal tumors should also be included in the differential diagnosis (9).

It is unusual for children to have classic lipomas; lipoblastoma and lipoblastomatosis are more often diagnosed in pediatric patients (1). Given its congenital nature, lipoblastoma, although rare, should also be included in the histological differential diagnosis. Thus, a discerning clinical diagnosis and histological analysis is important for diagnostic confirmation.

Congenital lipomas have been reported but are rare (7,9), and in some, familial predisposition (7) has been suggested; however this was not indicated in the present case. Congenital lipoma is commonly described in association with craniofacial anomalies. For example, congenital lipoma was described in an uncommon case of oral-facial-digital syndrome, differing from the standard pattern by exhibiting congenital lipoma rather than the hamartoma of the tongue normally described. The authors described this as a variant of type II oral-facial-digital syndrome (7).

Congenital lipoma is an extremely rare benign lipomatous tumor. The case described here exhibited the classic features of this condition. Surgical excision of the tumor was successful, with the child exhibiting satisfactory esthetics and function, with no signs of recurrence.

**References**


