Case report

Posttraumatic myxoid lipoma of the lower lip mimicking a mucocele

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Abstract – Lipoma is a common tumour that may be confounded with other soft tissue lesions. We report a case of posttraumatic myxoid lipoma of the lip which was first diagnosed as a mucocele. Clinical distinction between a lipoma and a mucocele may be troublesome especially in the lip. The physiopathology of the posttraumatic lipoma is discussed. Myxoid lipoma is very rare in the oral cavity.

Résumé – Lipome myxoïde post-traumatique de la lèvre inférieure simulant un mucocèle. Le lipome est une tumeur fréquente qui peut être confondue avec d'autres lésions des tissus mous. Nous rapportons un cas de lipome myxoïde post-traumatique de la lèvre qui fut confondu initialement avec un mucocèle. La distinction clinique entre un lipome et un mucocèle peut parfois être problématique, en particulier en siège labial. La physiopathologie du lipome post-traumatique est discutée. Enfin, le lipome myxoïde est une entité très rare dans la cavité buccale.

Lipoma is a common tumour of the fat cells that can be seen everywhere in the subcutaneous compartment, with an incidence of 1% and no sex or age distinction [1]. It is usually painless, asymptomatic, and slowly enlarges without infiltrating neighboring structures [1, 2]. Its pathogenesis remains still undeﬁnite [2]. Its aspect is often aspecific and it may be confounded with many other soft tissue tumours [1]. We report a case of posttraumatic myxoid lipoma of the lip initially confounded with a mucocele.

A 34 year-old woman was admitted to our consultation for the complaint of a mass on the lower lip. It appeared 3 years ago after a blow on the lip and slowly enlarged since then. The lesion was nodular, well delimited, firm and covered by a normal colored mucosa (Fig. 1). A mucocele was suspected and the enucleation was performed. Macroscopically, the lesion measured 15 mm in diameter with a yellowish aspect and a rubber consistency, which contrasted with that of a classical mucocele (Fig. 2).

Microscopically, the lesion was composed of mature adipocytes disposed in lobules, with capillary vessels and large zones of mucoid material surrounding the tumor cells (Fig. 3). Any atypical structure was seen. A diagnostic of myxoid lipoma was proposed.

This is the second reported case of a lipoma of the lip simulating a mucocele [3]. Clinical distinction between these two entities can be difﬁcult [3, 4] particularly in the lip because it is a preferential site of mucocele. A mucocele is often bluish whereas a lipoma is yellow, but deeper lesions have a normal mucosal color (like in this case) [4, 5]. A history of trauma is often found for mucoceles [5], but this feature may be misleading because in the present case an episode of lip injury is also found.

Therefore one can question the etiopathogeny of this lesion. The hypothesis of a lipoma derived from a posttraumatic mucocele is improbable. A case of fibrolipoma associated with a mucus retention cyst have already been described but this association is probably casual [4].

The hypothesis of a posttraumatic lipoma is far more likely. The role of trauma in the formation of lipoma has been abundantly reported in the litterature, and the major
The physiopathological hypothesis was formerly a rupture of the septa that normally surrounds adipose tissue and subsequent herniation of the deep fat [6-8]. Nowadays the theory of a mesenchymal induction by local inflammation and hormones (especially leptines) is more accepted [2, 9].

To our knowledge, it is the first case of posttraumatic myxoid lipoma described. Myxoid lipoma (also called myxolipoma) is an unusual histologic type of lipoma and is very rare in the oral cavity: only four cases in a single article have been reported in the littérature [10]. The histopathologic distinction between a myxoid lipoma and a spindle cells lipoma, an atypical lipoma, a pleomorphic lipoma or a liposarcoma, is very important because of distinct therapeutic and pronostic features, and may be troublesome in some occasions [10]. For these reasons we consider that histopathological examination of every supposed mucocele is imperative.

**Fig. 1.** Enucleation of the tumour. Note the yellowish, nodular and lobulated aspect.

**Fig. 2.** Macroscopic view of the tumour.

**Fig. 3.** Histopathological view of the tumour (×20 magnification), showing adipocytes surrounded by mucoid material.

**Conflicts of interest:** none

**References**