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# Sialolipoma of the Hard Palate

Dental Science

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## ABSTRACT

Lipomas are benign mesenchymal neoplasms of mature adipose cells that account for less than 2% of all benign oral tumors. The Oral lipoma usually presents as an asymptomatic, slowly growing nodule that is most commonly seen in the buccal mucosa of all the possible locations and least frequently the palate. We present a case of a rare variant of lipoma ie the sialolipoma of the palate of a 48 year old man which was confirmed after histopathologic examination. Only 5 cases have been reported in literature till date.

## KEYWORDS

Benign tumor, hard palate, lipoma, Sialolipoma

**Introduction:**

Lipomas are benign mesenchymal neoplasms that originate in mature adipose cells. First described in 1848 by Roux, Lipomas rarely occur in the oral cavity comprising less than 2% of all benign oral soft tissue tumors, of which buccal mucosa is the most common intraoral site. In this article, we report a rare case of Sialolipoma of the hard palate.[1,2]

**Case Report:**

A 48 years old male patient reported with the chief complaint of a swelling on the left side of the posterior palate since 2 years [Fig-1]. The swelling slowly increased in size over a period of 2 years and attained the present size. The swelling was present on the left posterior hard plate, was non-tender, had a smooth surface and overlying mucosa appeared to be normal measuring approximately 1 x 1 cm in diameter. The patient's past history was non-contributory. Based on the history and clinical findings, a provisional diagnosis of draining sinus due to carious maxillary second molar and pleomorphic adenoma of palate was considered. The patient went for a second opinion to a local civil dentist who extracted the left maxillary 2nd molar. However, there was no improvement in the patient's condition so he reported back to the military dental centre for treatment. A CT scan with 3D reconstruction was done which revealed a well-defined localized round lesion in the mucosal aspect of hard palate measuring 1cm (CC) X 1.2cm (TR) X 1.5cm (AP) [Fig-2] with no evidence of underlying bony erosion[Fig-3]. The swelling was completely excised under local anesthesia [Fig-4] and the specimen was sent for histopathological examination [Fig-5]. On microscopic examination, the lesion consisted of mature adipocytes containing normal minor salivary glands encapsulated by thin fibrous tissue. Mucous type glandular acini were also present. Based on the histopathological report a final diagnosis of a rare lipoma variant the sialolipoma of the hard palate was made. The post-operative healing period was uneventful and 8 months follow-up showed no recurrence.

**Discussion:**

Oral Lipoma is a rare benign tumor of the adipose tissue presenting as a slow growing, yellowish, soft, sessile or pedunculated semi-fluctuant painless mass. The deeper lipomas may appear pink or pinkish yellow on the surface. The exact pathogenesis of lipoma is still unknown. Since the tumor is painless it is usually diagnosed many years after initiation. Oral lipomas are usually small in size but can grow up to 5 cm in size. Of all the locations within the oral cavity, it is most commonly seen in the buccal mucosa which accounts for more than 50% of all the occurrences. Other intraoral sites include the tongue, floor of mouth, lips and very rarely the palate. They usually occur in the 4th and 5th decade with no particular sex predilection. Diagnosis is not possible solely by physical examination thus it is to be assisted by investigations. When examined by Tran's illumination, the lipoma has lesser density than the surrounding tissues while MRI and CT scans are helpful to diagnose. However definite diagnosis can only be made by performing an excisional biopsy. An interesting diagnostic feature is that the gross lipoma specimen floats when placed in 10% formaldehyde solution. Histologically, the lipomas can be classified into classic lipoma or multiple lipoma variants which include fibrolipoma, angiolipoma, myolipoma, spindle cell lipoma, chondroid lipoma, adenolipoma, myxoid lipoma or a new variant termed "sialolipoma". In our case histopathologically the biopsy sample consisted of mature adipocytes containing normal minor salivary glands encapsulated by thin fibrous tissue along with mucous type glandular acini leading to the diagnosis of the new variant of lipoma ie the sialolipoma. Nagao et al were the first to propose this new variant which is most commonly seen in the lipoma of parotid gland. Malignant transformation of oral lipomas is rare. Local excision of the entire mass is the treatment of choice and recurrence is rare if complete excision is done. [3-9] Less than 10 cases of palatal lipoma have been reported in literature and among them less than 5 cases of sialolipoma of the palate have been diagnosed till date which makes this case report important.

**Conclusion:**

Palatal sialolipoma is a slow growing and a very rare variant of oral lipoma. Complete surgical excision is the treatment of choice and recurrence is rare if complete excision is done. Detail knowledge of the clinical and histological features of this variant is necessary for future reference and proper diagnosis.

Ethical Approval: YES
Conflict of interest: NIL
Acknowledgment: NIL

**FIGURE LEGENDS:**

Fig 1. Growth on the left side of the posterior palate measuring 1cm X 1cm

Fig 2. A CT scan (sagittal view) revealed a well-defined localized round lesion in the mucosal aspect of hard palate measuring 1cm (CC) X 1.2cm (TR) X 1.5cm (AP)

Fig 3. A CT- 3D reconstruction showing no evidence of underlying bony erosion

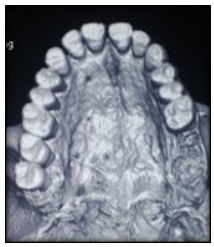

Fig 4. Excisional biopsy of palatal growth

Fig 5. Specimen sent for histopathological examination

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