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Deep lobe parotid lipoma: a case report

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Abstract
We present a patient with a lipoma of the deep lobe of the parotid gland. Despite the common occurrence of this tumour in other regions of the body, we believe that this is only the second report in the literature of a lipoma in this location. We believe that these tumours are easily dealt with by simple enucleation, and that superficial parotidectomy should be reserved for tumours deep to the facial nerve.

Key words: Parotid gland; Lipoma

Introduction

Lipomas are common soft tissue neoplasms found only rarely in the parotid gland. They are not therefore often considered in the differential diagnosis of parotid tumours, and indeed are not mentioned in standard texts. In this paper we present a patient with a lipoma of the deep lobe of the parotid gland.

Case report

A 57-year-old man presented with a two-year history of a mass in the right parotid region. The mass had grown slowly and had caused no symptoms. He had no significant past history. Examination revealed a 2 × 4 cm mass in the parotid region situated just below the zygoma. There were no associated lymph nodes and the remainder of the examination was normal.

Fine needle aspiration was undertaken on two separate occasions. On both occasions the aspirate was reported as being acellular, but with collections of lipid, suggesting the diagnosis of a lipoma.

At operation a superficial parotidectomy was performed revealing a glistening yellow tumour in the deep lobe, closely associated with the upper branches of the facial nerve (Figure 1). The tumour was well encapsulated and after mobilization of the branches of the facial nerve it was easily removed by blunt dissection (Figure 2). The patient made a good recovery but suffered a transient partial facial palsy, from which he recovered within eight weeks. Histological examination of the tumour confirmed that it was a lipoma.

Discussion

Lipomas are benign tumours which histologically are similar to mature adipose tissue, but the presence of a fibrous capsule serves to distinguish them from simple aggregations of fat (Kim and Reiner, 1982). Lipomas of the parotid gland are rare. They are said to constitute two to three per cent of all benign parotid tumours (Walts and Perzik, 1976) but the quoted incidence varies from 0.7 per cent (Kirklin *et al.*, 1951) to 4.4 per cent (Cass and Whelan, 1968). However, Adams *et al.* (1981) pointed out that intraglandular lipomas should be distinguished from both the subaponeurotic form and from diffuse lipomatosis.

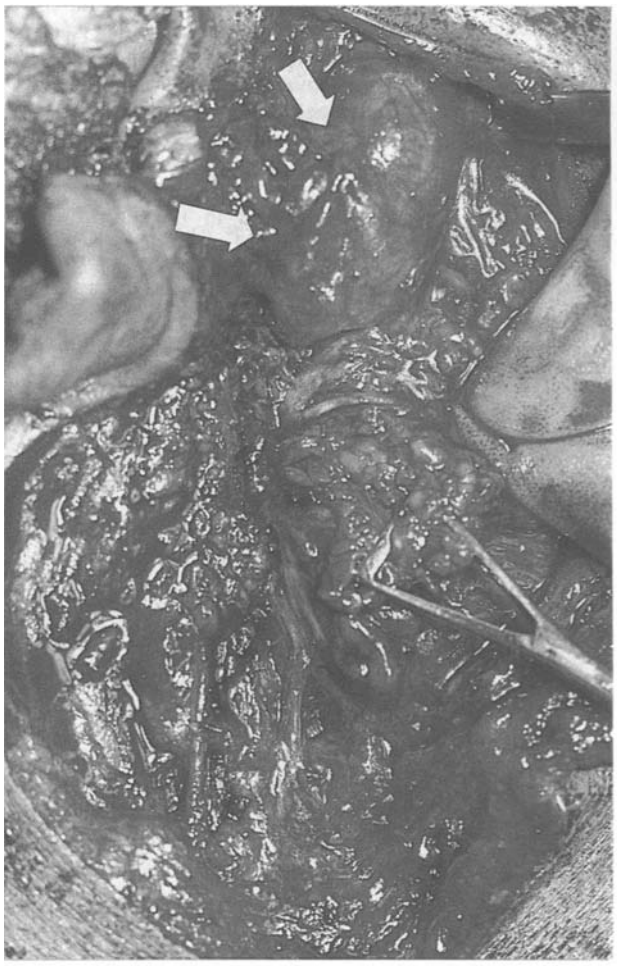

FIG. 1
The superficial lobe of the parotid has been removed and the branches of the facial nerve have been reflected to reveal the tumour (arrowed).

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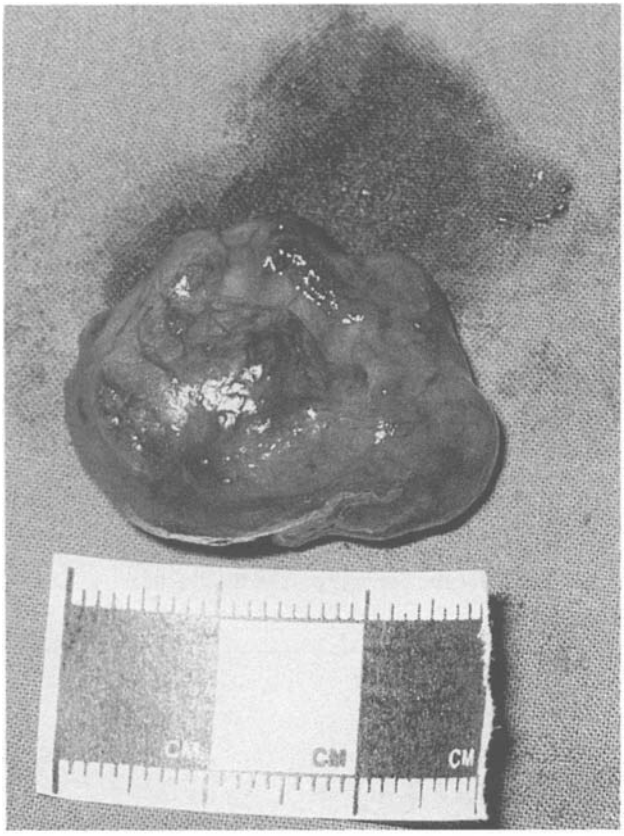

FIG. 2
The resected tumour

This would reduce the incidence in the largest series (Walts and Perzik, 1976) to 1.5 per cent, and in none of these was the diagnosis considered pre-operatively.

Janecka *et al.* (1977) described two true parotid lipomas, one of which involved the deep lobe of the parotid gland. This is the only other case of a deep lobe lipoma that we can find in the literature.

It has been suggested that lipomatous lesions in the deeper tissues of the head and neck should be regarded as well differentiated liposarcomas (Stewart *et al.*, 1994), and that they should be treated by wide local excision. These lesions have particular histological features differentiating them from benign lipomas, such as nuclear pleomorphism and multinucleated cells. The tumour in our patient and those in other series of parotid lipomas showed none of these worrying features. Evans *et al.* (1979) reported a series of 30 lipomatous lesions described as well differentiated lipomas or atypical lipomas.

Superficial lesions treated by simple enucleation showed no tendency to local recurrence whilst intramuscular lesions recurred in nine out of 13 patients. Most authors suggest a formal superficial parotidectomy for parotid lipomas (Malave *et al.*, 1994). Whilst this was necessary in our deep lobe tumour, we believe it is an unnecessarily radical procedure for a tumour which, with a well defined macro or microscopic capsule, is easily enucleated. However this advice is only pertinent in those cases where the diagnosis has been made pre-operatively. We suggest that if a lipoma is considered it will not be missed, and not result in an unnecessarily radical procedure with its attendant risk to the facial nerve.

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