Abstract: Lipomas are benign soft tissue mesenchymal neoplasms. Fibrolipoma is a rare histological variant of lipoma that mostly affects the buccal mucosa and causes functional and cosmetic disabilities. The diagnosis and differentiation of fibrolipoma with clinically similar lesions such as fibroma and pleomorphic adenoma is very essential for a correct treatment plan and complete follow up. This article presents a case of a 50 year-old female with a fibrolipoma of tonsillar fossa.

Keyword: Fibrolipoma, oropharynx, Tonsillar fossa

INTRODUCTION
Lipoma is a common benign neoplasm of the adipose tissue, but it has been considered as an unusual growth in the oral and oropharyngeal region. The first description of an oral lipoma was published by Roux in 1848 in a review of alveolar masses and he referred to it as a “yellow epulis”. 1 The etiology of lipomas is uncertain and the tumor mainly affects the region of the trunk, shoulders, neck and axilla. Involvement of the oral cavity is rare with lipomas accounting for <4.4% of the benign oral tissue tumors. 2 Fibrolipoma is an uncommon histological variant of the classic lipoma, in which neoplastic fat cells are embedded along with dense collagen. Most patients are 40 years of age or older. 3 It may occur at various anatomic sites including the buccal mucosa, lips, tongue, palate, and floor of the mouth. Although benign in nature, their progressive growth can cause interference with speech and mastication due to the tumor's dimension. 4

CASE REPORT:
A 50-year-old female patient visited our out patient department with the chief complaint of difficulty in swallowing more for solid foods, past 3 month duration, c/o difficulty in breathing on lying in supine position 1 month. The patient had change of voice for 1 month which was muffled in character indicating lesion in oropharynx. Throat examination revealed a pinkish, polypoidal swelling arising from upper pole of right tonsillar fossa hanging downwards into vallecula. The overlying mucosa was normal without any evidence of inflammation and ulceration. On palpation, swelling was firm to soft in consistency, nontender, mobile and margins were slippery under the palpating finger. Able to bring the swelling to oral cavity. Video laryngoscopy revealed the swelling arising from superior pole of right tonsillar fossa extending to tip of epiglottis and compressing it lingually. Pharyngoepiglottic fold was free. Both vocal cords were normal and mobile. On the basis of the patient’s history and clinical examination, a provisional diagnosis of benign tumour of oropharynx was made. Routine blood examination was found to be normal.

Clinical picture showing the mass in right tonsillar fossa

CT Neck showing homogenous mass with HU (-60) consistent with fat

CT Neck (Axial,coronal and sagittal cuts) showing the extent of tumour
Lipoma is a common benign tumor of adipose tissue, but its presence in the oral and oropharyngeal region is relatively uncommon with a prevalence rate of only 1/5000 adults. No consensus exists regarding the pathogenesis of oral lipomas. Hereditary, fatty degeneration, trauma, hormonal basis, infection, infarction and chronic irritation are probable representative theories to elucidate the pattern of lipoma. In most cases, they represent a distinct clinicopathologic and biologic entity as a variant of the conventional lipoma. It differs histologically from the classic variant, in that it is posed with mature adipose tissue interspersed by bands of connective tissue. Fibrolipoma have been reported to show more proliferative activity than classic lipomas. Occasionally, fibrolipoma can be confused with herniated buccal pad of fat, but the characteristic well-circumscribed nature and lack of history of trauma will help in differentiating it. The tumor has been reported to be more frequently occurring in the buccal mucosa and buccal vestibule and it also shows a slight predominance in females. In the present case the lesion occurred in the superior aspect of tonsillar fossa which is a relatively rare site for occurrence. According to the literature, it is difficult to value the real incidence of this neoplasm because it appears painless and slow growing in clinical appearance. In reality, the patient reports to the clinician only when it becomes symptomatic and for aesthetic and functional reasons. In 2003, Fregnani et al. collected several cases and diagnosed 45.7% as lipomas and 39.1% as fibrolipomas. Several variants have been described, including angio-lipoma, fibrolipoma, chondrolipoma, osteolipoma/chondrolipoma, adenolipoma, perineurallipoma, and myxolipoma. Like the classic lipoma, Fibro lipoma is usually well-circumscribed and may be thinly encapsulated. Liposarcoma of the oral cavity is exceedingly rare, but this entity cannot be distinguished from its benign counterpart on clinical examination. Therefore, accurate histological examination is mandatory, and the differential diagnosis is based on the detection of lack of lobular architecture, areas of prominent fibrosis and most importantly, on the presence of multivacuolated adipose cells with indented nuclei (lipoblasts), which are typically present in liposarcoma in variable proportion. The lesion in this case was surgically excised without any complications. Postoperative follow-up of 3 months showed no recurrence. Fibrolipoma represents a distinct clinicopathologic and biologic entity with an increased growth potential and a low recurrence rate. The clinical course is usually asymptomatic until they attain larger size. The knowledge and prompt treatment of tumors in this region is important. Complete resection should be emphasized, which is the key factor to avoid recurrence.

Conclusion:
Lipomas of oropharynx are rare of which Fibro lipoma of tonsillar fossa is a very rare presentation. After proper preop evaluation and diagnosis we successfully excised the swelling in toto and patient in follow up had no complications.

References:
4.Fregnani ER, Pires FR, Falzoni R, Lopes MA, Vargas PA. Lipomas of the oral cavity: Clinical findings,