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Giant omental lipoma

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ABSTRACT A 58-year-old Chinese woman presented with deranged liver function tests, which was discovered incidentally during surveillance for statins therapy. Ultrasonography and computed tomography revealed a large lipoma originating from the greater omentum, which was treated with surgical resection. This case is reported due to the rare occurrence of omental lipomas.

Keywords: giant, lipoma, omental
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INTRODUCTION

Although a lipoma is a commonly occurring benign tumour, an omental lipoma represents a rare clinical entity, with the literature confined to case reports.[1-7] We present a case of a giant omental lipoma in a middle-aged woman, which was treated successfully with surgical resection.

CASE REPORT

A 58-year-old Chinese woman presented with deranged liver function test during routine surveillance for statin therapy. She was otherwise asymptomatic. Physical examination revealed a vague intra-abdominal mass that was palpable only on deep palpation. Laboratory results revealed normal haematology and biochemistry; however, her alkaline phosphatase was 116 U/L, alanine transaminase 39 U/L, aspartate transaminase 57 U/L and gamma-glutamyl transferase 64 U/L. Bilirubin and tumour markers were normal. Ultrasonography of the abdomen revealed a 15-cm mass with mixed hypoechoic and hyperechoic contents spanning the right hypochondrium to the mid-abdomen. Further evaluation with abdominal computed tomography (CT) revealed a 12 cm × 8 cm encapsulated fatty lesion adjacent to the liver, mildly displacing the colon and the stomach (Fig. 1). In view of the size of the lesion, surgery was offered to the patient.

The patient underwent laparotomy and resection of the intra-abdominal lipoma. Intra-operatively, a 15 cm × 10 cm lipomatous lesion was seen arising from the gastrocolic ligament, with no invasion into the surrounding structures (Figs. 2 & 3). The lesion was resected and the patient had an uncomplicated postoperative recovery. The deranged liver function tests resolved after resection of the tumour. Histology of the specimen was consistent with a lipoma with foci of fat necrosis and cystic degeneration.

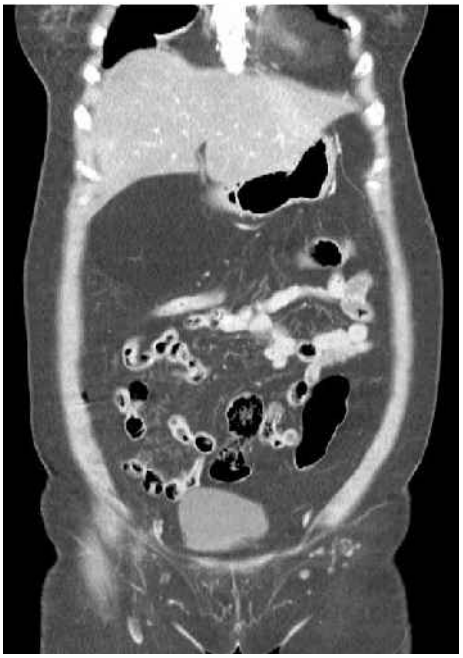

Fig. 1 Coronal CT image shows a mass lesion displacing the colon and stomach.

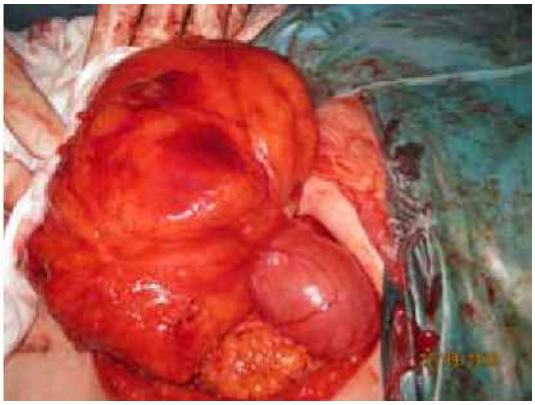

Fig. 2 Photograph shows a lipomatous lesion arising from the gastrocolic ligament.

DISCUSSION

Omental lipoma is extremely rare, with only a handful of case reports published in the literature from 1967 to 2009.[1-11] Majority of these case reports are confined to children and adolescents, with only three cases reported in adults.[3,9,11] Although most omental lipomas are asymptomatic and incidental discoveries, some may present with features of an acute abdomen.[3,9,11]

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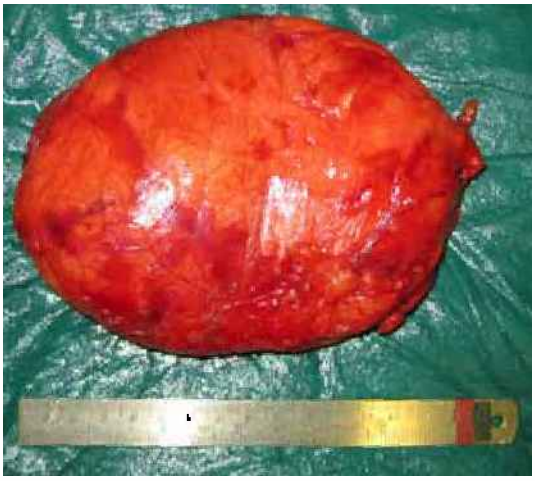

Fig. 3 Photograph shows the resected omental lipoma.

Symptomatic cases of omental lipomas tend to occur in adults and may suggest a stronger indication for surgery in this subset of patients.

Radiological investigations form an integral component in the diagnosis of omental lipomas. The typical sonographic appearance is that of a well-encapsulated echogenic mass with good sound transmission.[12,13] CT provides definitive characterisation of fat content within the lesion by using density measurements (< 60 Hounsfield units).[13] Surgery is the mainstay of management of omental lipoma, and resection of the tumour is seldom technically demanding. The rate of recurrence post excision is less than 5%.[14]

In conclusion, although a rare diagnosis, omental lipoma should be considered in the differential diagnosis of an intra-abdominal mass.

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