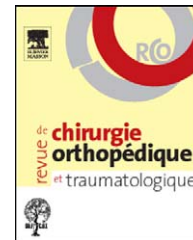




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MÉMOIRE ORIGINAL

Well-circumscribed deep-seated lipomas of the upper extremity. A report of 13 cases[☆]

Lipomes profonds bien limités du membre supérieur : à propos d'une série de 13 cas

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KEYWORDS

Deep-seated lipomas;
Upper extremity;
Differentiated liposarcoma;
Computer tomography;
Magnetic resonance imagery

Summary

Background. – The purpose of this study is to determine if giant size is of bad prognosis in deep lipomas of the upper extremity.

Patients and methods. – We report a retrospective study of 13 patients with deep-seated lipomas of the upper extremity treated during the period from April 1997 to April 2008. We evaluated the clinical and radiological characteristics, treatment and evolution profile of these patients.

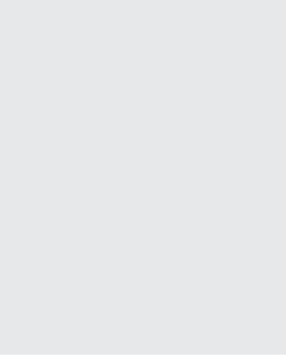
Results. – There were 10 women and three men, with an average age of 53 years (range 30–79 years). Seven of these lipomas were in the arm, one in the shoulder, and five in the forearm. six lipomas were intramuscular, six intermuscular (three of them being attached to bone and labelled parosteal lipoma) and one epivaginal lipoma of the flexor tendon sheath. All patients presented a progressive slow-growing mass that was associated with radial paralysis in one case and carpal tunnel syndrome in one case. Plain radiographs showed a radiolucent soft tissue image in all cases and an associated osteochondroma in one parosteal lipoma. Computer tomography (CT) or magnetic resonance imaging (MRI) suggested the lipomatous nature and benign characteristics of these deep lipomas that were giant in all cases (mean size: 7 cm). Lipoma marginal excision was performed and histopathological examination demonstrated features consistent with a benign lipoma. There was good function and no clinical recurrence was observed after a mean follow-up of 3 years.

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[☆] Cet article peut être consulté in extenso dans la version anglaise de la revue *Orthopaedics & Traumatology: Surgery & Research*, sur Science Direct (sciencedirect.com) en utilisant le DOI ci-dessus.

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Discussion. – Giant deep-seated lipomas of the upper extremity are uncommon and can be intermuscular or intramuscular. A painless soft-tissue mass is the most frequent chief complaint. MRI with fat suppression suggests the diagnosis and studies the extension of deep lipoma. Marginal excision is the treatment of choice and histopathology eliminates diagnosis of well-differentiated liposarcoma.

Conclusion. – Appropriate evaluation of deep lipoma is to rule out malignancy by systematically performing MRI and biopsy. In contrast to deep-seated lipomas of the lower extremity or the retroperitoneal space, the prognosis of deep-seated lipomas of the upper extremity is good irrelevant of their size. Recurrence and the degeneration are very rare.

Level of evidence. – Level 4.

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