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CASE REPORT

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Giant Breast Lipoma Presenting with Right Breast Triple Size the Left Breast Associated with Pain and Limitation of Activity: A Case Report

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Abstract

Lipoma of the breast often causes diagnostic and therapeutic uncertainty. Clinically, it may be difficult to distinguish a lipoma from other conditions. Lipoma must be differentiated from a similar benign tumor, a mammary hamartoma, and pseudolymphoma. In our case, a 38-year-old lady, mother of three children, was found to have a giant lipoma of the breast, which was not detected on initial clinical evaluation. Further assessment with ultrasound showed a picture of the giant lipoma with the possibility of fat necrosis within the lipoma. Following resection, there was no deformed breast because of the exact resection of the lesion with the guidance of ultrasound mapping and marking the exact border of the lesion one hour preoperative. This case illustrates the accuracy of the excision and the very good cosmetic outcome. The patient presented six months after excision with excellent clinical results and negative residual abnormal tissue on the radiological study.(**International Journal of Biomedicine. 2025;15(1):220-221.**)

Keywords: breast • lipoma • ultrasound • surgery

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Introduction

Lipoma of the breast often causes diagnostic and therapeutic uncertainty. Clinically, it may be difficult to distinguish a lipoma from other conditions. Lipoma must be differentiated from a similar benign tumor, a mammary hamartoma, and pseudolymphoma.

Lipoma of the breast is a benign condition. Although it is a banal condition, it often causes diagnostic uncertainty, which confuses treatment strategies. This uncertainty can arise at any point in the diagnostic process: clinically, it may be difficult to distinguish a lipoma from a prominent fat lobule or other benign or malignant processes.[1] The mammographic appearance of hamartoma, lipoma, and fat necrosis may be distinctive, allowing imaging diagnosis without biopsy. Lipomas are radiolucent with well-defined, thin, smooth capsules.[2]

Case Presentation

A 38-year-old lady, mother of three children, oldest child 12 years old, presented with breast pain with huge-looking right breast enlargement. Since adolescence, she had noticed a slight asymmetry between both sides, but it was insignificant and did not cause concern. Three months before presenting to the clinic, her right breast rapidly enlarged and became three times larger than the left, accompanied by severe pain that interfered with her daily activities, limited movement of the right upper limb, and disturbed her sleep. With these complaints, the patient sought medical attention and was taken to the surgical breast oncology clinic.

Upon presentation, the patient was anxious and in pain. The patient was vitally stable, but thin looking. A local exam found a small breast on the left side, but the right was hugely enlarged, with triple size on the contralateral side, dilated veins, and a flat nipple with an areola complex. There was a suggestion of gigantomastia or a tumor, including suspicion of malignancy.

Radiological study and ultrasound showed a lesion of >15 cm, with a picture of lipoma (Figures 1 and 2). In the operation room, the incision was done over the area of concern, and the whole mass was excised completely with the guidance of preoperative ultrasound mapping of the border (Figure 3).

The patient underwent the procedure without complications and had a good cosmetic outcome (Figure 4). Histopathological examination revealed the presence of benign adipose tissue without malignancy.

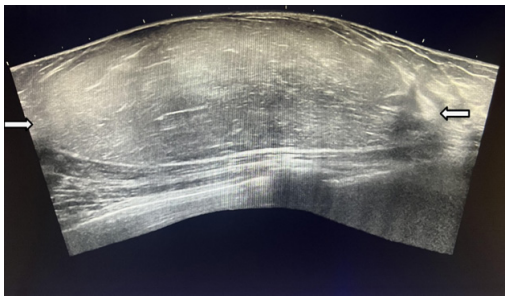

Fig. 1. *Right breast lesion with smooth border with impression of breast lipoma.*

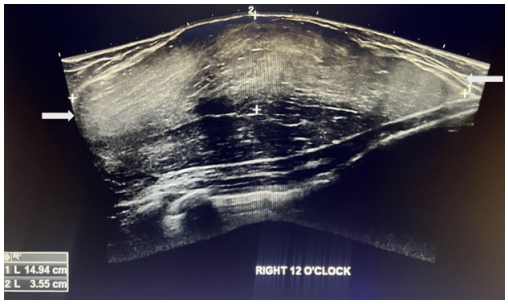

Fig. 2. *The exact location of the right breast mass at the 12 o'clock position., which occupied 2/3 of the breast, mainly in the upper part.*

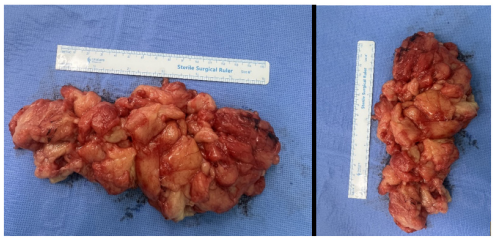

Fig. 3. *The specimen immediately after excision showed non-capsulated breast lipoma.*

Discussion

Lipomas of the breast are usually small, benign neoplasms that can be treated by simple excision. The term "giant breast lipoma" has been variably defined as a breast lipoma greater than 5 cm or 20 cm in size.[3-5] Lipomas are mostly asymptomatic and coincidentally discovered on a routine mammography. Patients may present with a painless palpable breast lump, which is soft and mobile. In these cases, the diagnosis is clinically obvious.

The clinical presentation can vary from being a clinically occult or usually painful mobile breast lump without skin changes to a hard lump with skin changes highly suspicious for malignancy. In a radiological picture, classically, a lipoma appears as a fat-composed lesion seen predominantly in the subcutaneous plane; however, it can be seen anywhere in the breast.

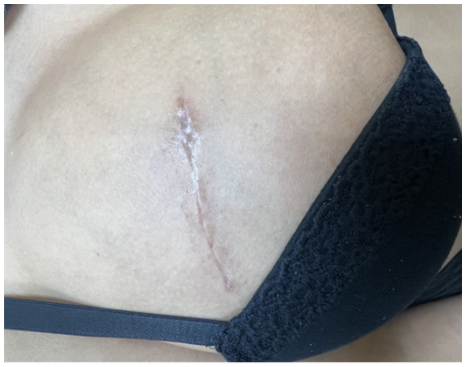

Fig. 4. *The lesion area with the scar mark two weeks after excision.*

In our case, the patient was found to have a giant lipoma of the breast, which was not detected on initial clinical evaluation. Further assessment with ultrasound showed a picture of the giant lipoma with the possibility of fat necrosis within the lipoma. Following resection, there was no deformed breast because of the exact resection of the lesion with the guidance of ultrasound mapping and marking the exact border of the lesion one hour preoperative. This case illustrates the accuracy of the excision and the very good cosmetic outcome. The patient presented six months after excision with excellent clinical results and negative residual abnormal tissue on the radiological study.

Competing Interests

The author declares that there are no competing interests.

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