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SHORT REPORT

# *Pleural Lipoma. A case Report.*

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## *Abstract*

Lipomas are benign tumors from adipose tissue mostly found within the subcutaneous areas of the body such as the upper back, neck, and shoulder, and rarely encountered in the thoracic cavity.

Thoracic lipomas are usually located in the bronchial, pulmonary, or mediastinal areas. The finding of a lipoma in the parietal pleura intrathoracic has been sporadically reported in the literature [1].

Most patients remain asymptomatic and the lipomas are incidentally found in a chest radiograph or a computed tomography (CT) examination.

We present a case of pleural lipomas treated with surgery and the one-year follow-up revealed no changes.

***Conclusion:*** The majority of patients with pleural lipoma are asymptomatic, and their lesions are incidentally detected on radiograms Important considerations of identifying alarm features in a suspected liposarcoma and when to consider invasive biopsy and/or surgical intervention.

***Keywords***: lipoma, pleural, surgery, tumor,

## *Introduction:*

Lipomas are benign mesenchymal tumor derived from mature adipose tissue mostly found within the subcutaneous areas of the body such as upper back, neck, shoulder, and rarely encountered in the thoracic cavity. Lipomas constitute around the half of soft tissue tumors. Approximately 80% of fat containing benign tumors, the rest 20% are intramuscular lipomas, angiolipomas, myo-lipomas, spindle lipomas, and pleomorphic lipomas.[1]

Thoracic lipomas are usually located at the bronchial, pulmonary or mediastinal area. The finding of a lipoma in the parietal pleura has been sporadically reported in the literature [1].

A pleural origin of lipoma is extremely rare [1]. The incidence of pleural lipomas is not yet fully known.

## *Case presentation:*

A 45-year-old woman with chest discomfort on her left side. On physical examination, the patient was in no acute distress, had air entry bilaterally with equal chest expansion and did not have any wheezing or added sounds on auscultation.

She does not have limitations in her daily activity. Additionally, her pulmonary function testing was unremarkable, including lung volumes and gas diffusion capacity.

CT scan demonstrated benign features on imaging including a homogeneous constitution, Hounsfield units consistent with fat density, smooth borders and no invasion of surrounding structures

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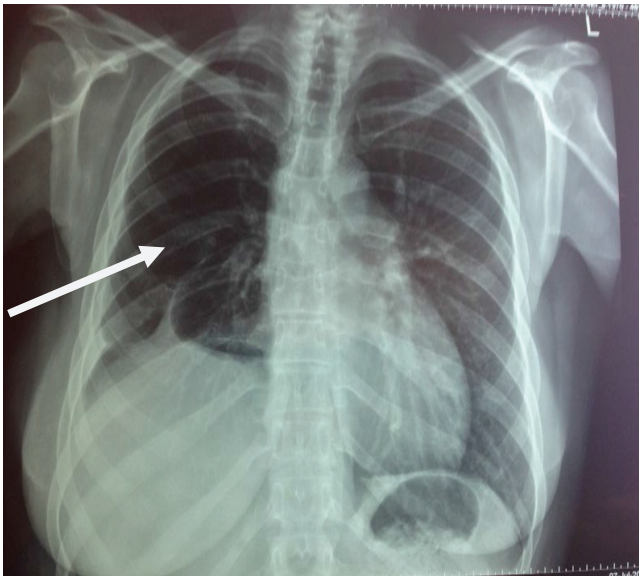

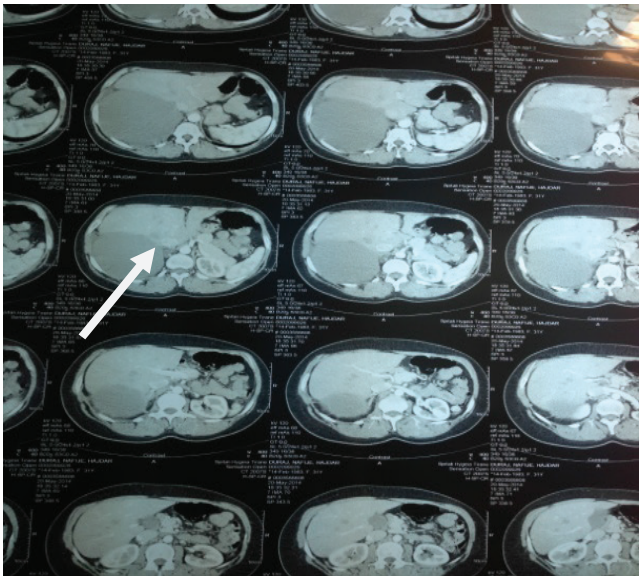

*Figure 1, 2 - CT images (axial view) demonstrating the hourglass-shaped mass of fatty density (-110 UH), homogeneous, without contrast enhancement (arterial phase).*

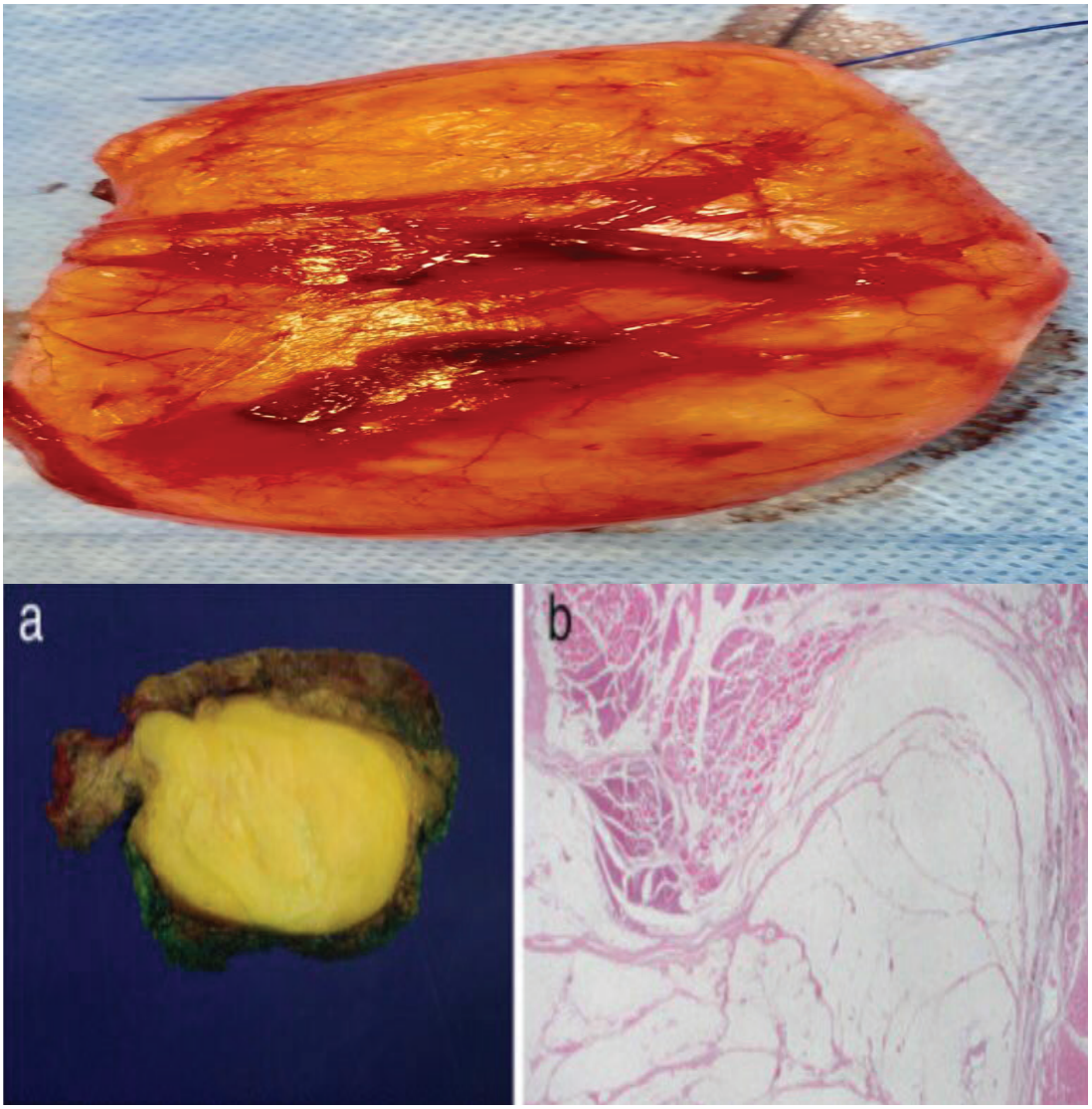


*Figure 3, 4 a & b - Adipose tissue (a) macroscopic and (b)microscopic view.*

## *Conclusion:*

The majority of patients with pleural lipoma are asymptomatic, and their lesions are incidentally detected on radiograms

Consider pleural lipoma as a differential diagnosis in a chest mass on imaging.

Identify features on imaging that may lead you to observe a chest mass/lesion with serial imaging as opposed to perform invasive workup/procedures.

Important considerations of identifying alarm features in a suspected liposarcoma and when to consider invasive biopsy and/or surgical intervention.

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