



Hip Pain in a 30 year old Athlete. Could it be due to Lipoma? A Case Report

Authors

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Introduction

Most lipomas tend to be asymptomatic. However large lipomas, due to their size exert pressure symptoms on nerves and vessels thereby causing functional impairment. Clinically, lipomas most often present as a slowly growing asymptomatic mass. Pain is a late and uncommon symptom, usually in deep and very large lipomas and is most likely due to compression or expansion of adjacent soft tissues or adjacent peripheral nerve^(1,2,3,4,5)

We present a case of 30 years old male patient who had swelling over the right gluteal region and was giving discomfort to the patient along with hip impingement.

Case Presentation

30 year old male patient was seen in the outpatient department with complaints of pain in right hip region for six months. Pain was insidious in onset and was aggravated on walking with impairment in hip movements over a period of time. There was no history of trauma or local injection at the said site. Mild swelling was palpable over the gluteal region which was diffuse without any defined margins. He was evaluated, a radiograph was taken which was inconclusive. FNAC showed features of lipoma. MRI was advised which confirmed a submuscular swelling below the gluteus maximus extending upto the sciatic notch (Figure1,2)

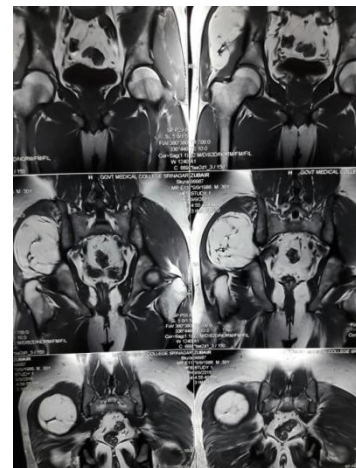


Figure 1. MRI showing the lipoma



Figure 2. More MRI sections showing the soft tissue mass

Patient was taken up for excision biopsy. Posterolateral approach was used and mass was excised as shown in figure (Figure3,4)

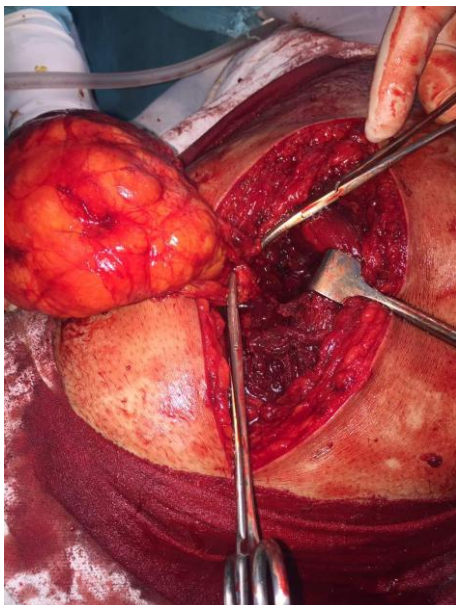


Figure 3. Intra-op lipoma with its stalk



Figure 4. Excised Mass

Post-operative period was uneventful and the patient is symptom free after 6 months follow-up.

Discussion

Lipomas are the most common benign mesenchymal tumors and can arise in any location where fat is found⁽⁶⁾. These tumors can occur at any age, but are most common in middle age, often appearing in people from 40 to 60 years old⁽⁷⁾. Giant lipomas are rare. However, when they do occur, common locations of such masses are in the trunk, thigh and shoulder⁽⁶⁾. Variants of lipoma include the hibernomas, angiomyolipoma and myelolipoma⁽⁸⁾. Sciatic neuropathy due to benign,

compressing soft tissue tumors of the thigh is a very rare condition that can lead to irreversible damage and paralysis⁽⁹⁾. Involvement of the peripheral nerves by soft-tissue tumors (ganglions, hemangiomas, desmoids, ganglioneuromas, lymphangiomas, myoblastomas, and lipomas) is infrequent^(10,11). The most common cause of peripheral nerve compression, based on the literature, is the ganglion cyst, and compression of the peripheral nerves by lipomas has been described as very rare. Paresthesias and nerve distribution neurological deficit due to nerve impingement can be encountered as well. A small number of patients may complain of occasional cramping. Dysfunction of the engaged muscle due to extensive infiltration has been reported.^(12,13,14) The skin and vessels overlying the mass show no changes even in the presence of a fairly large mass⁽¹⁵⁾. Hip lipoma causing extra-articular impingement because of pressure symptoms has not been published in English literature so far to the best of our knowledge. FNAC usually is adequate diagnostic tool and MRI is helpful in operative planning.

Conclusion

This case reflects the need for thorough clinical examination, that is, to compare the muscle mass over the two buttocks, role of FNAC and MRI in picking up sub-muscular soft tissue tumours which in this case turned out to be a lipoma.

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