

Lipoma of the Buccal Mucosa: A Case Report and Review of Literature

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Abstract

Lipomas are benign mesenchymal tumors composed of mature adipose tissue and represent one of the most common soft-tissue tumors of the body. However, their occurrence in the oral cavity is relatively uncommon, accounting for approximately 1–4% of all benign oral lesions. Among intraoral sites, the buccal mucosa is considered one of the more common locations due to the presence of abundant adipose tissue, yet such cases remain relatively rare. Clinically, oral lipomas present as slow-growing, painless, soft masses that may mimic other benign soft-tissue lesions. Histopathological examination remains essential for definitive diagnosis.

We report a case of an 18-year-old male who presented with a painless swelling in the left buccal mucosa. Clinical examination revealed a well-circumscribed, soft, mobile mass. The lesion was surgically excised under local anesthesia. Histopathological evaluation confirmed the diagnosis of a simple lipoma composed of mature adipocytes arranged in lobules without cellular atypia. The postoperative healing was uneventful, and no recurrence was observed during follow-up.

This case highlights the clinical presentation, diagnosis, and management of buccal mucosal lipoma and emphasizes the importance of considering lipoma in the differential diagnosis of oral soft-tissue swellings.

Keywords: Oral lipoma, Buccal mucosa, Benign tumor, Adipose tissue tumor, Surgical excision

Introduction

Lipomas are benign mesenchymal neoplasms composed of mature adipocytes and are among the most common soft-tissue tumors in the human body. Despite their high prevalence in other parts of the body, lipomas occurring in the oral cavity are relatively rare, accounting for approximately 1–4% of all benign oral lesions.

Oral lipomas may arise from submucosal adipose tissue and can occur in various intraoral locations including the buccal mucosa, tongue, floor of the mouth, lips, palate, and retromolar region. Among these, the buccal mucosa is frequently affected due to the presence of abundant fatty tissue.

Clinically, oral lipomas are typically slow-growing, painless, well-circumscribed masses with a soft or doughy consistency. They are usually asymptomatic and may remain unnoticed for long periods. However, their clinical presentation can resemble other soft-tissue lesions such as fibroma, mucocele, lymphangioma, or benign salivary gland tumors, making clinical diagnosis challenging.

Histopathological examination is necessary to confirm the diagnosis. Surgical excision remains the treatment of choice, with recurrence being extremely rare.

The present report describes a case of lipoma arising in the buccal mucosa of an 18-year-old male patient

and discusses its clinical features, diagnosis, and management.

Case Report

An 18-year-old male patient reported to the Department of Oral and Maxillofacial Surgery with a chief complaint of a painless swelling on the left side of his cheek for one month. The swelling had an insidious onset and gradually increased in size. There was no history of trauma or infection. The patient's medical and family histories were non-contributory.

Clinical Examination

Extraoral Examination

Extraoral examination revealed a mild diffuse swelling in the left cheek region measuring approximately 4 cm × 2 cm. The swelling extended from 2 cm below the ala-tragus line to the lower border of the mandible, and from the corner of the mouth to approximately 1 cm anterior to the angle of the mandible.

On palpation, the swelling was:

1. Soft in consistency • Non-tender
2. Non-compressible • Non-fluctuant
3. Mobile

The slip sign was positive, suggesting a fatty lesion.

Intraoral Examination

Intraoral examination revealed a localized swelling in the left buccal mucosa extending from the distal aspect of the canine to the first molar region. The overlying mucosa appeared normal and similar in color to the surrounding mucosa.

The swelling measured approximately 2 cm × 3 cm and caused partial obliteration of the buccal vestibule. On palpation, the lesion was soft and mobile with mild tenderness.

Based on the clinical findings, a provisional diagnosis of benign soft tissue tumor, most likely lipoma, was made.



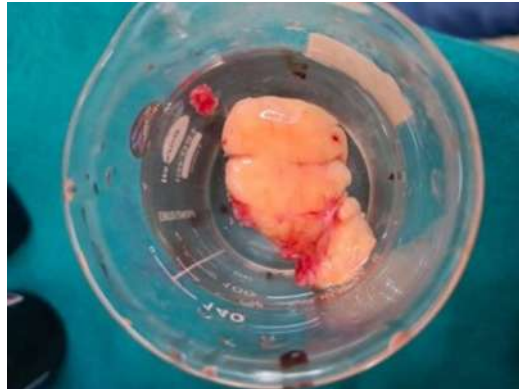
Surgical Management

The lesion was surgically excised under local anesthesia through an intraoral approach. A mucosal incision was made over the swelling, and careful blunt dissection was performed to separate the lesion from surrounding tissues. The mass was completely excised and sent for histopathological examination.



Gross Examination

The excised specimen appeared yellowish and soft in consistency, consistent with adipose tissue. The specimen measured approximately 2.5 cm × 1.8 cm × 1.5 cm.



Histopathological Findings

Microscopic examination revealed lobules of mature adipocytes separated by thin fibrous septa. The adipocytes were uniform in size with clear cytoplasm and eccentric nuclei. No cellular atypia or mitotic figures were observed. These features were consistent with the diagnosis of simple lipoma.



Follow-up

Postoperative healing was uneventful. The patient was followed for several months, and no recurrence was observed.

Discussion

Lipomas are benign tumors of adipose tissue that commonly occur in the trunk, neck, and extremities. However, their occurrence in the oral cavity is relatively rare.

The exact etiology of oral lipomas remains unclear. Several theories have been proposed, including trauma, chronic irritation, hormonal influences, and developmental anomalies. Some authors suggest that

lipomas arise from the proliferation of mature adipocytes within the submucosal tissue.

Oral lipomas are most commonly reported in patients between the fourth and sixth decades of life, although they can occur at any age. The buccal mucosa is one of the most common intraoral sites due to the presence of abundant adipose tissue.

Clinically, lipomas appear as slow-growing, painless, well-circumscribed masses. The characteristic soft, doughy consistency and positive slip sign often suggest a fatty lesion. However, other lesions may mimic this appearance.

The differential diagnosis includes:

1. Fibroma • Mucocele

2. Lymphangioma
3. Minor salivary gland tumors • Epidermoid cyst

Histopathological examination remains the gold standard for diagnosis, as it demonstrates mature adipocytes arranged in lobules separated by fibrous septa.

The treatment of choice for oral lipoma is complete surgical excision. Recurrence is rare and usually occurs only in cases of incomplete removal or infiltrating variants.

Conclusion

Lipomas of the buccal mucosa are uncommon benign tumors of adipose tissue. Although they are typically asymptomatic, they should be considered in the differential diagnosis of intraoral soft-tissue swellings. Accurate diagnosis relies on clinical examination and histopathological confirmation. Complete surgical excision is a simple and effective treatment, with an excellent prognosis and minimal risk of recurrence.