Clinical Note

Pelvi-perineal myolipoma

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Myolipomas are extremely rare benign tumors occurring most frequently in adults. In 1991, the first 9 cases of soft tissue myolipoma were described by Meis and Enzinger.[1] They are benign lesions clinically and histopathologically, however their treatment requires surgical resection. Histopathological examination is essential for the exact diagnosis. In this study, we report a giant pelvi-perineal myolipoma in a 32-year-old female presenting with the complaint of giant mass in her left groin.

Twelve years ago, a 32-year-old woman noticed a painless mass that had 2 cm diameter and was growing in the course of time in her left groin after vaginal delivery. Four years ago when the mass reached 5 cm diameter, she visited another hospital. The mass was excised and was reported as 'hamartomatous tissue' after histopathological examination. After the previous operation, 4 months later local recurrence occurred at the same region, and over the next 4 years it reached up to 20 cm in diameter. On physical examination, there was a soft, mobile, irreductable mass that was covered with stretched skin and located in the lateral part of the left labium major. It reached up to 20 cm in its greatest dimension (**Figure 1**). Additionally, there was a reductable swelling with a 5 x 5 cm dimension in the left gluteal area. Gynecological examination and other system examinations were normal. No abnormal value was established in laboratory tests. Tumor markers were within normal range. For the diagnosis, we performed abdomen and pelvic ultrasonography and CT as radiological intervention. A soft tissue mass consisting of fat and muscle components stretching out through foramen obturatorium was detected. She was electively operated and the mass was free from the other pelvic structures. In the exploration, additionally we established a myoma measuring 4 cm in diameter free from giant soft tissue mass. For this reason, after total excision of the giant lesion, myomectomy was performed additionally. During the postoperative course, no complication was occurred. The histopathological result confirmed myolipoma. Histologically, the tumor consisted of a mixture of mature adipose and smooth muscle cells. After the postoperative course, she was routinely followed up on an outpatient basis. In addition to the physical examination, we performed abdomen and pelvic ultrasound and CT as radiological intervention for the detection of recurrence. No local recurrence has been reported. Five years after the operation she was well and free of disease.

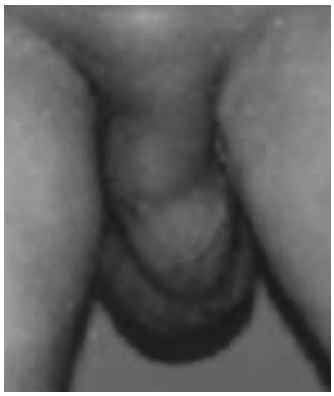

Figure 1 - Photograph demonstrating obvious swelling in perineal area.

Myolipomas are very unusual and hamartomatous tumors in which smooth muscle cells are interspersed with adiposities.[1] Myolipomas were determined at the miscellaneous regions of the human body. They were previously reported in abdominal cavity, retroperitoneal area, uterine, inguinal area, subcutaneous fat tissue, anterior abdominal wall, spinal cord, breast, pericardial and eye lid.[1-5] The preoperative diagnosis of myolipomas is very difficult. Although the benign nature of this lesion is usually recognized in superficial locations, deeply situated tumors are more likely to be confused with a well-differentiated liposarcoma.[3] Retroperitoneal myolipoma is often confused with liposarcoma on radiologic investigations, because of the overwhelming majority of large retroperitoneal tumor containing fat. However, most cases of myolipoma are at least partially encapsulated, unlike liposarcoma.[5] Myolipomas are benign tumors clinically and histopathologically. None of the myolipoma reported showed recurrence or metastasis. Therefore a benign course and good prognosis are expected.[1,3,4] However, after insufficient resection, an early recurrences can occur, as demonstrated in our case. Based on our experience, we believe that the optimal treatment is total excision. Although this tumor is rare, its recognition is important for the avoidance of erroneous diagnoses.

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Statistics

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