

LIPOMA OF UTERUS—REPORT OF A CASE

by

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Benign neoplasms of the uterus containing adipose tissue may be divided into lipomas and leiomyolipomas. By definition a lipoma is a well encapsulated tumour consisting of mature fat cells and may occur in any part of the body. Lipoma is a rare tumour of the uterus (Kanter & Zummo, 1956; Hertig & Mansell, 1957; Novak & Novak, 1961; Gonzalez—Angulo & Kaufman, 1962). Ellis in 1906 found 14 cases of fatty tumours of the uterus and reported a uterine lipoma in a 60 years old woman. Brandfass & Everst Suarez 1955, reviewed world literature and found only 33 pure uterine lipomas and 63 mixed lipomas. They added a case of a lipoma in a 72 years old woman who had also had leiomyoma. Approximately 40 cases of lipomas have been reported (Novak & Woodruff 1967). According to these writers, the tumour occurs most frequently in post-menopausal women, particularly in 6th and 7th decades and are usually located in the uterine corpus.

Case Report

A 55 year old female was admitted into the hospital with the complaint of a mass coming out per vaginam since 3 years. It was associated with slight red discharge.

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Past History: She attained menarche at the age of 12. Cycles were regular 5/30, flow moderate, not associated with pain or clots.

She had 2 children, last child aged 10 years. She attained menopause 7 years ago. Hysterectomy was performed during repair of third degree utero-vaginal prolapse.

Gross Pathology: The specimen consisted of the uterus and the cervix measuring 8 x 4 cm. The uterus was small with a nodule projecting from right side of the body of the uterus. Cervix hypertrophied and thickened and showed 2 decubitus ulcers on both cervical lips. On sectioning the uterus, there was a circumscribed yellowish lobulated mass 4.5 cm. in diameter, projecting into the uterine cavity and pushing uterus to the left side (Fig. 1).

Microscopic Pathology: Multiple sections studied from the tumour showed typical lipoma with delicate fibrous network (Fig. 2). Endometrial glands were atrophic with senile cystic dilatation. Cervix showed chronic ulceration, hyperkeratosis, parakeratosis and acanthosis with nebotian follicles.

Discussion

The most common benign neoplasm of the uterus is leiomyoma. Tissues such as cartilage, bone, striated muscle, adipose tissue are usually found as part of mixed neoplasm. The presence of a tumour arising from only one of these elements is extremely unusual.

Several explanations regarding the his-

togenesis of lipomas have been mentioned. They have been believed to arise from misplaced or embryonal rests of fat cells (Peak 1943), metaplasia of muscle cells into fat cells (Brandfuss & Everst-Suarez 1955); metaplasia of primitive connective tissue into fat cells (Novak & Novak, 1961); from perivascular fat cells accompanying the blood vessels (Gonzalez-Angulo & Kaufman, 1962). The hypothesis put forward by Meyer (quoted by Novak & Novak, 1961) deserves special mention. The origin of uterine lipomas has been traced to the inclusion of tissue situated between diverging upper parts of the Mullerian ducts above their point of fusion. In this location, the tissue resembles retroperitoneal tissue, possessing a lipoblastic propensity. This would explain the rarity of lipomas in the lower portion of the uterus, especially the cervix where Mullerian ducts are closely apposed from the start.

Most cases of lipomas occur in post-

menopausal women. Clinically, they cannot be distinguished from myomas. The diagnosis is made after the study of surgical specimen, as in the present case.

References

1. Brandfuss, R. and Everst-Suarez, E. A.: *Am. J. Obst. & Gynec.* **80**: 359, 1955.
2. Ellis, A. G.: *Surg. Gynec & Obst.* **3**: 658, 1906.
3. Gonzalez-Angulo, A. and Kaufman, R. A.: *Obst. & Gynec.* **19**: 494, 1962.
4. Hertig A. T. and Mansell, H.: In *pathology* edited by J. & A. Churchill Ltd., London, 1962.
5. Kanter, A. E. and Zummo, B. P.: *Am. J. Obst. & Gynec.* **71**: 376, 1956.
6. Novak, G. and Novak, J.: *J. Internat. Coll. Surgeons*, **36**: 219, 1961.
7. Novak, E. R. and Woodruff, J. D.: *Gynaecological and Obstetrical Pathology*. W. B. Saunders Co., Philadelphia 6th Ed. 1967 p. 221.
8. Peak, C. A.: *J. Internat. Coll. Surgeons.* **6**: 205, 1943.

See Figs. on Art Paper III