SVOA Paediatrics

ISSN:2755-1660

ScienceVolks Open Access

Case Report

Lipoblastoma in Gluteus of a 5-Year-Old Girl: A Case Report

Jorge Villacis Guaranda[1]* and Enrique Zea Salazar[2]

[1]*Pediatric surgeon, Hospital ClinicaAlcivary, Hospital del dia Efren Jurado Lopez, IESS, Ecuador.*

[2]*Pediatric surgeon, Omni Hospital, Guayaquil, Ecuador.*

***Corresponding Author:** Dr. Jorge Villacis Guaranda, Pediatric surgeon, Hospital ClinicaAlcivary Hospital del dia Efren Jurado Lopez, IESS, Ecuador, Email: drvillacisguaranda@hotmail.com.*

***Received:** August 25, 2022 **Published:** September 15, 2022*

Abstract

We present the case of a 5-year-old girl with a deforming tumor in the right gluteus of more than 3 years of evolution, in the first instance suspected of a Type IV sacrococcygeal teratoma according to the Altman classification, after surgical resection and the result of pathology, corresponded to a benign lipoblastoma, frequently located in extremities, this case is presented due to its rare location and because it is an underdiagnosed tumor.

***Keywords:** Lipoblastoma, soft tissue tumor, embrionic fat tissue, citogenetic, chilhood tumor.*

Introduction

Lipoblastoma is the least known of the adipose tumors. It usually appears in extremities in the first three years of life and although it is histologically benign, it has a locally invasive behavior with a risk of recurrence if it is not completely removed. It derives from embryonic adipose tissue and tends to form masses of soft consistency, lobulated appearance and yellow color surrounded by a thin capsule.

It can present in a localized or diffuse form, receiving in the latter case the name of lipoblastomatosis. There are two other tumors related to lipoblastoma from the anatomical-pathological point of view: the lipoma formed by mature adipose cells, well defined and more frequent in adults, and the hibernoma formed by immature cells derived from brown fat, very rare in children and not relapsing Its histological resemblance to much more common tumors makes lipoblastoma a probably underdiagnosed tumor.

Clinical Case

A 5-year-old female who presented a mass in the left buttock of 2 years of evolution, at the beginning it did not bother her but over time it began to bother her to sit and feel pain, an echosonogram and pelvic CT were requested, locating its location accurately, average 10 cm. the CT scan showed that the bladder was protruding, displacing it to the right.

The preoperative tests were performed and the surgery was performed, performing the exceresis in its entirety, leaving a drain that was removed after 3 days... and the stitches after 12 days, without any complications.

The result of the pathology was lipoblastoma.

Treatment

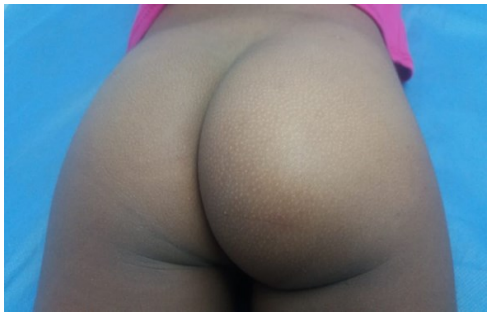
The treatment is purely surgical, it consists of the complete exceresis of the tumor and with this the cure is total.

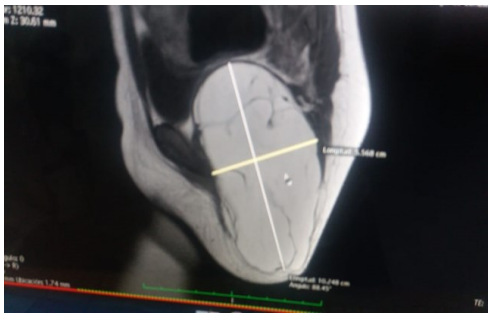
In our case, we made a reverse J-shaped incision, along the inner edge of the tumor, following the intergluteal fold using CT as a guide. We deepened the wound until we reached the tumor, which was very close to the skin, we digitally released the edge and went deeper, after which we used the curved Kelly forceps to ligate in depth, until the entire tumor was removed, which actually measured 10 cm as indicated by the CT scan.

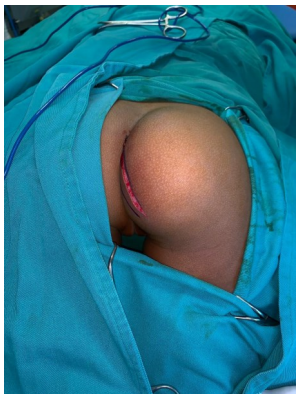
We performed hemostasis and left a small Penrose drain for 2 days and we perform daily dressings of the wound due to the proximity of the anus and we protected the patient with an antibiotic scheme, on the 5th day he made a seroma of 5 cm to 2 cm from the skin. We handled it conservatively and on the 7th day, we did a control and it had decreased to 3 cm.. with which we discarded an evacuation in the operating room.

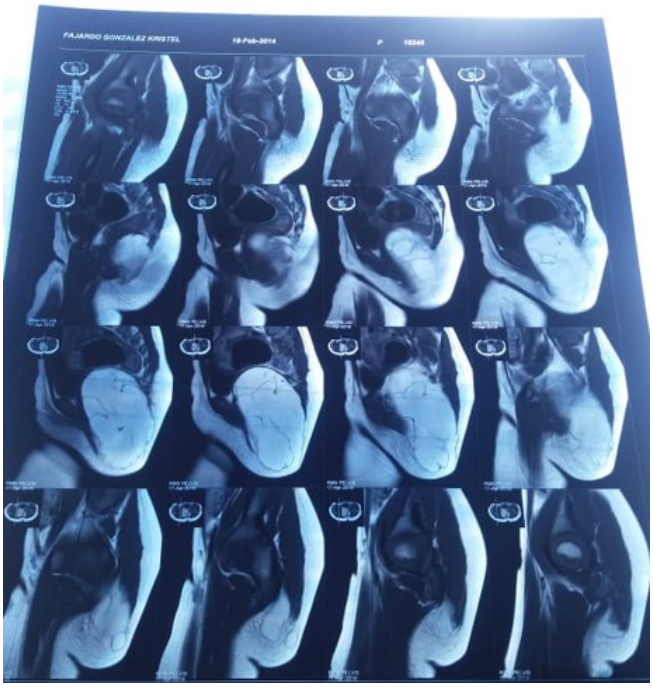
Tegaderm was left protecting the wound near the anus, we removed the stitches after 10 days, without any complications, at the time of more than 2 months of surgery the patient is in optimal conditions and is in control.

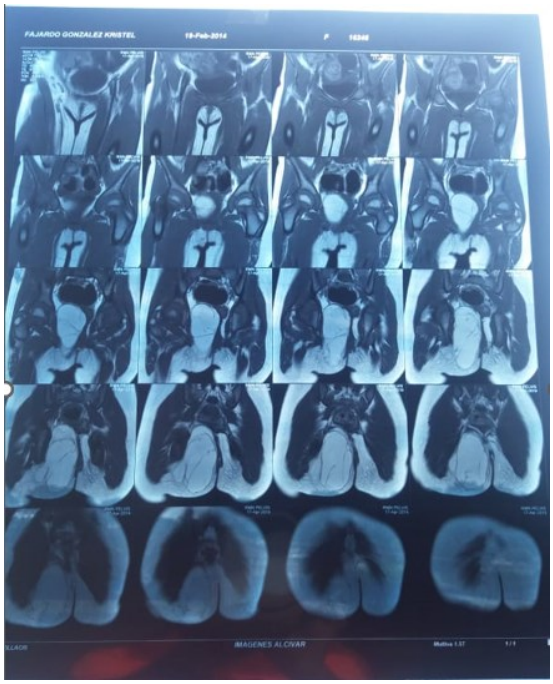
Figures

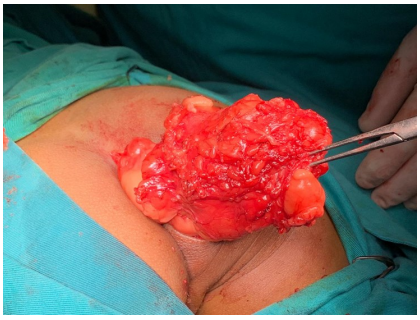


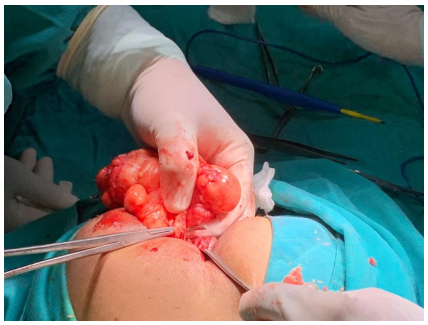


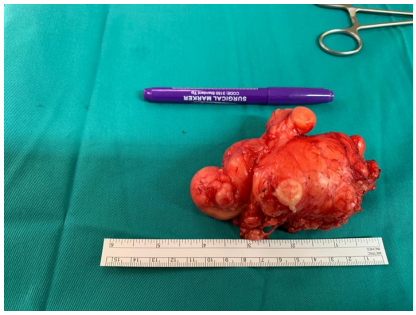












Conclusion

Despite its rare frequency, the diagnosis of lipoblastoma should be made in children with soft tissue masses, especially if they are under one year of age. Given its locally invasive behavior, the tumor must be treated without delay before noble structures are affected. The resection must be complete to avoid the risk of recurrence, although in the case of a benign tumor, radical mutilating surgery is not recommended.

References

1. Gutierrez J, Ruano J, de León B, Calderón C, Vasquez E, Duarte J y col. Lipoblastoma en la infancia, correlación clínico patológica en 16 casos. Act Pediatr Mex 2000; 21: 214-218.

2. Morerio C, Panarello C, Russo I, Rosanda C; Gambini C, Rizzo A. A Further Case of Chromosome 8q Rearrangement in Lipoblastoma. J Pediatr Hematol/ Oncol 2000; 22(5): 484-485.

3. Dei Tos AP, Dal Cin P. The role of cytogenetics in the classification of soft tissue tumours. Virchows archive 1997; 431:83-94.

4. Chen Z, Coffin Ch, Scott S, Meloni-Ehrig A, Shepard R, Issa B et al. Evidence by spectral karyotyping that 8q11.2 is non-randomly involved in lipoblastoma. J Mol Diagn 2000; 2(2): 73–77.

5. Gisselsson D, Hibbard MK, Dal Cin P, Sciot R, Hsi BL, Kozakewich HP et al. PLAG1 alterations in lipoblastoma: involvement in varied mesenchymal cell types and evidence for alternative oncogenic mechanisms. Am J Pathol 2001;159:955-962.

6. Collins MH, Chatten J. Lipoblastoma/lipoblastomatosis: a clinicopathologic study of 25 tumors. Am J Surg Pathol 1997;21 :1131-1137.

7. O´Donnell KA, Caty MG, Allen JE, Fisher E. Lipoblastoma: better termed infantile lipoma? Pediatr Surg Int 2000; 16 (16): 458-461.

8. Coffin CM. Williams RA. Congenital lipoblastoma of the hand. Pediatr Pathol 1992; 12: 857-864

9. Dr. Sampurna R. Lipoblastoma. 2007 Disponible en: URL: http://www.histopathology-india.net/lipoblastoma.htm.

10. Bourelle S; Viehweger E; Launay F; Quilichini B; Bouvier C; Hagemeijer A et al. Lipoblastoma and lipoblastomatosis. J Pediatr Orthop 2006; 15(5): 356- 361.

11. Miller GG, Yanchar NL, Magee JF, Blair GK. Lipoblastoma and liposarcoma in children: an analysis of 9 cases and a review of the literature. Can J Surg 1998; 41:455-458.

12. Chun YS, Kim WK, Park KW, Lee SCh, Jung SE. Lipoblastoma. J. Pediatr Surg 2001, 36(6): 905-907. 13.

13. Steckman D; Zide B, Greco, MA; Rivera R, Blei F. Lipoblastoma of Infancy Mimicking Hemangioma of Infancy. Archives of Facial Plastic. Surgery. 2005; 7(5):326-330.

14. Hernandez F, Nistal, Encinas JL, Rivas S, Luis AL, Lassaletta L y col. Lipoblastoma: el menos conocido de los tumores adiposos. Cir. Pediatr 2004; 17: 175-178.

15. Hicks J, Dilley A, Patel D, Barrish J, Zhu SH, Brandt M. Lipoblastoma and Lipoblastomatosis in infancy and childhood: histopathologic, ultrastructural and cytogenetic features. Ultrastruc Pathol 2001; 25(4): 321-333.

Citation: Villacis J, Zea E. "Lipoblastoma in Gluteus of a 5-Year-Old Girl: A Case Report". *SVOA Paediatrics* 2022, 1:5, 106-108.