

# Lipoma in Perineum- An Unusual Location

Abdul Rehman Arshad, Muhammad Younus Awan

---

### Abstract

Subcutaneous lipomas are rarely seen in the perineum. We describe a 55 years old man with four years history of a 10cm long soft lobulated

between the scrotum and anus. This was successfully excised and was shown to be a lipoma on histopathological exam.

---

### INTRODUCTION

Lipomas are benign soft tissue tumors composed of adipocytes within a thin fibrous capsule. They can be found in virtually any organ of the body, with more than 50% present in the subcutaneous tissue.<sup>1</sup> This latter type is generally asymptomatic, though some patients have concerns related to cosmetic disfigurement or the presence of an underlying malignancy. Superficial lipomas are mostly found on the trunk, forearms and thighs, though no part of the body is immune. It is very unusual to find lipomas in the subcutaneous tissue of perineum. We present such a case followed by a general discussion on the topic.

### CASE REPORT

A 55 years old gentleman reported to us with a progressively enlarging painless swelling in his perineum that he noticed four years ago. It never disappeared and was not affected by change in posture or coughing.

On examination, the patient had a soft pendulous non- fluctuant transilluminant mass hanging behind his scrotum (Fig 1). It measured 10 X 8 cm in size and felt lobulated. Cough impulse was absent and the overlying skin was normal in colour, texture and temperature. Bowel sounds were not audible over the mass. There was no similar mass elsewhere in the body. After obtaining an informed written consent, the mass was excised using an elliptical incision under spinal anaesthesia. On gross examination, it was composed of fibrofatty tissue (Fig 2). The patient made a smooth recovery and was discharged from the hospital the same evening. He was seen again after a week, at which time he was perfectly well. Histopathological examination done subsequently at Armed Forces Institute of Pathology (Rawalpindi) revealed mature adipose tissue showing uniform sheets of adipocytes with small nuclei pushed to the periphery by large central vacuole. No evidence of malignancy/ granulomata was seen in the material examined.

Corresponding Author:  
Dr. Abdul Rehman Arshad  
Classified Medical Specialist  
1-Mountain Medical Battalion (MDS)  
Bagh, Azad Kashmir, Pakistan  
Tel: +92321-5202433  
E-Mail: [maj.abdulrehman@gmail.com](mailto:maj.abdulrehman@gmail.com)

**Figure-1**

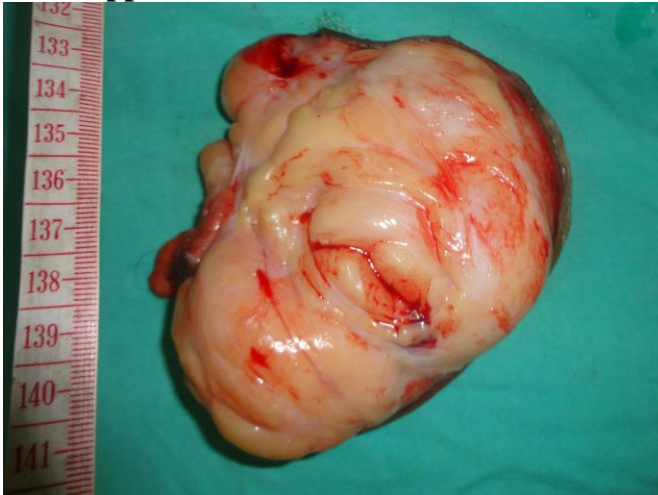
**Mass hanging posterior to scrotum**

(Reproduced with permission from the patient)



**Figure-2**

**Gross appearance of the resected mass**



**DISCUSSION**

Masses found in the perineum could be originating from the pelvis. Alternatively, they may be arising from the perineum itself and could potentially extend upwards into the pelvis. The principal differential diagnoses of pendulous perineal masses in an adult would include soft tissue tumors, epidermoid inclusion cyst and dermoid cyst. Perineal hernia, either primary or the result of a previous surgery, is also a possibility. In our patient, the diagnosis was very much obvious on clinical grounds. In this

particular patient, an interesting alternative diagnosis could have been an accessory scrotum containing a lipoma, though the history does not support this. Moreover, the overlying skin was not thick like scrotal skin. Perineal lipomas occurring in association with accessory scrotum have been described in paediatric patients.<sup>2</sup> A similar presentation in adults is extremely rare.<sup>3</sup> Having said that, it is important to realize that it is very uncommon to find lipomas in the perineum occurring even without the presence of an accessory scrotum. To our information, no such case has ever been reported in Pakistani literature. Despite in- depth online search, we could find only one odd such case reported in international literature.<sup>4</sup>

Around 2% of the population has soft tissue lipomas and these are commonly seen in day to day practice.<sup>5</sup> Establishing a clinical diagnosis of superficial subcutaneous lipomas is generally easy and straight forward. In a vast majority of patients, they are indolent and without any significant consequences. They may, however, rarely develop sarcomatous changes and develop into malignant liposarcomas.<sup>6</sup> Though the age of patient and duration of symptoms are not that important, large size (>5cm) is a risk factor for such a change.<sup>7</sup> Moreover, such a malignant change cannot be reliably excluded on clinical examination alone.<sup>8</sup> Considering this, we opted for tissue diagnosis in our patient by histopathological exam following excision.

**CONCLUSION**

Lipomas can be found in the subcutaneous tissue of perineum, though they do not pose any special diagnostic or management concern in this particular location.

**REFERENCES**

1. Mbah N, Abubakar U. Subcutaneous Lipomata in Sokoto, Nigeria: A 4-Year Review. *Annals of African Medicine* 2007; 6: 84-86.

- 
2. Chatterjee S, Gajbhiye V, Nath S, Ghosh D, Chattopadhyay S, Das SK. Perineal accessory scrotum with congenital lipoma: a rare case report. *Case Rep Pediatr* 2012; 2012: 757120.
  3. Gökta S, Aydur E, Yildirim B, Sümer F. Accessory scrotum attached to a perineal lipoma in an adult male. *International Journal of Urology* 2003; 10: 501–503.
  4. Prantl L, Heine N, Ulrich D, Eisenmann-Klein M. An unusual localization of lipomas: an extremely rare case of two symmetrical perineal lipomas in an adult male patient: a case report. *European Journal of Plastic Surgery* 2005; 28: 371-374.
  5. Rahman GA, Abdulkadir AY, Yusuf IF. Lipomatous lesions around the shoulder: Recent experience in a Nigerian hospital. *Int J Shoulder Surg* 2009;3:13-5
  6. Rathore MA, Andrabi SI, Mansha M. Adult intussusception: a surgical dilemma. *J Ayub Med Coll Abbottabad* 2006; 18: 3-6.
  7. Myhre-Jensen O. A consecutive 7-year series of 1331 benign soft tissue tumours. Clinicopathologic data. Comparison with sarcomas. *Acta Orthop Scand.* 1981; 52: 287–93.
  8. Roberts CK, Liu PT, Colby TV. Encapsulated Versus Nonencapsulated Superficial Fatty Masses: A Proposed MR Imaging Classification. *AJR* 2003; 180: 1419-1422.

## AUTHORS

- **Dr. Abdul Rehman Arshad**  
Classified Medical Specialist  
1-Mountain Medical Battalion (MDS)  
Bagh, Azad Kashmir, Pakistan
- **Dr. Muhammad Younus Awan**  
Classified Surgical Specialist  
1-Mountain Medical Battalion (MDS)  
Bagh, Azad Kashmir, Pakistan

Submitted for Publication:	26-10-2013
Accepted for Publication:	18-12-2013
After minor revisions	

## LEGENDS FOR ILLUSTRATIONS

### Figure-1

Mass hanging posterior to scrotum (Reproduced with permission from the patient)

### Figure-2

Gross appearance of the resected mass