

# Giant Soft Arm Tumor: Clinic Images and Therapeutic Considerations

G Statescu<sup>1,2</sup>, Maria Statescu<sup>3\*</sup>, A Scripcaru<sup>2</sup>, AH Nedelcu<sup>2</sup> and Ana Statescu<sup>4</sup>

<sup>1</sup>Cl I-a Chirurgie Sp.Universitar Sf Spiridon, Lasi, Romania

<sup>2</sup>UMF Grigore T Popa, Lasi, Romania

<sup>3</sup>Universitatea de Stiintele Vietii "Ion Ionescu de la Brad" din 1842, Lasi, Romania

<sup>4</sup>Queen Alexandra Hospital, Portsmouth, UK

## Abstract

**Introduction:** Lipoma can grow on any part of the body but it is often found on the neck, shoulders, upper limbs, as well as on the thigh. Lipoma is considered a benign growth or tumor of the adipose tissue. It does not have a known cause however it is likely related to a genetical issue in people with multiple lipomas.

**Materials and methods:** We have chosen to detail the rare case of a 57 year-old man from personal case records. He presented for consultation with a large tumor formation located on the right arm posteriorly that progressively increased in size to an apparent diameter of about 30 cm over a period of 5 years. The local examination revealed a large lipoma of approximately 32-30-26 cm with uncertain clinical features of malignancy.

**Results:** Local anaesthesia proved to be enough for the surgery to be successful. We have arranged follow-up for the patient at 3, 6 and 12 months.

**Discussion points:** In the case of large tumors it is necessary to have a multidisciplinary approach, involving teams from surgery, histopathology and potentially oncology. The Golden Standard indication for these cases is the surgical excision of the tumor within safe margins to decrease the risk of recurring malignancy.

**Conclusion:** Surgical excision needs to be wide enough to ensure safe margins are achieved even for a benign-looking tumor and it is mandatory for pieces to be sent to histopathology laboratory for examination. pectively to ensure the wound was healing well and monitor for reappearance.

**Keywords:** Giant arm tumor • Lipoma • Surgical excision

## Introduction

Lipoma represents an excessive growth of the adipose tissue under the epithelial tissue. It develops slowly and it occurs in people regardless of age. Lipoma can grow on any part of the body but it is often found on the neck, shoulders, upper limbs, as well as on the thigh. Lipoma is considered a benign growth or tumor of the adipose tissue. It does not have a known cause however it is likely related to a genetical issue in people with multiple lipomas. Diagnosis is based on physical examination by appreciating the dimensions, mobility and pain or tenderness caused by the tumor [1-3]. When considering surgical treatment following items need to be taken into consideration: lipoma's dimensions, number of lipomas, past medical history and family history of skin cancer, as well as the pain caused by the lipoma [4]. The surgical intervention indicated is excising the lipoma with local anaesthesia and this is preferred in the case of large tumors with ongoing growth. Another intervention for lipoma is liposuction [5].

*\*Address for Correspondence:* Maria Statescu, Universitatea de Stiintele Vietii "Ion Ionescu de la Brad" din 1842, Lasi, Romania; E-mail: mariastatescu@yahoo.com

**Copyright:** © 2023 Statescu G, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received:** 01 April, 2023; Manuscript No. jccr-23- 97409; **Editor Assigned:** 03 April, 2023; PreQC No. P-97409; **Reviewed:** 14 April, 2023; QC No. Q-97409; **Revised:** 20 April, 2023, Manuscript No. R-97409; **Published:** 28 April, 2023, DOI: 10.37421/2165-7920.2023.13.1564

## Case Presentation

We have chosen to detail the rare case of a 57 year-old man from personal case records. He presented for consultation with a large tumor formation located on the right arm posteriorly that progressively increased in size to an apparent diameter of about 30 cm over a period of 5 years [6-8]. The local examination revealed a large lipoma of approximately 32-30-26 cm with uncertain clinical features of malignancy (Figures 1 and 2).

Surgical treatment was indicated due to the large dimensions, patient discomfort and pain. After a brief psychological preparation of the patient we have proceeded with the surgery [9]. It was done with local anaesthesia and we have managed to excise the large lipoma see pictures in (Figures 3 and 4) below detailing appearance and size. It weighted approximately 1 Kg (Figure 5). Tissue samples were sent to pathology as you see in (Figures 6,7 and 8).

## Results

Local anaesthesia proved to be enough for the surgery to be successful. We have arranged follow-up for the patient at 3, 6 and 12 months respectively to ensure the wound was healing well and monitor for reappearance. The histopathology confirmed that this was a benign tumor a lipoma and the patient was happy with the outcome [10].

## Discussion

In the case of large tumors it is necessary to have a multidisciplinary approach, involving teams from surgery, histopathology and potentially oncology [11,12]. The Golden Standard indication for these cases is the



**Figure 1.** Lateral view of a large right arm tumor (personal casuistry).



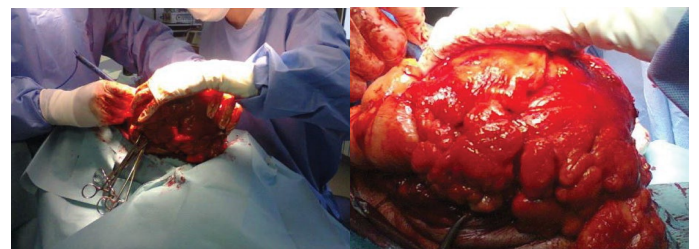
**Figure 2.** Posterior view of the right arm tumor (personal casuistry).



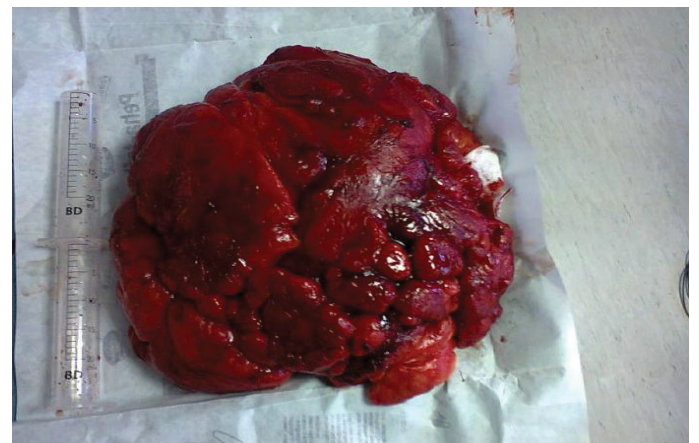
**Figure 3.** Local anesthesia on line of incision and under tumor of right arm (personal casuistry).



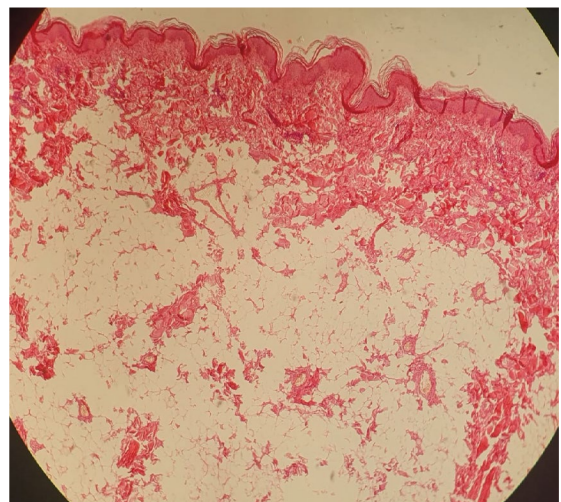
**Figure 4.** Mobilization of tumor (personal casuistry).



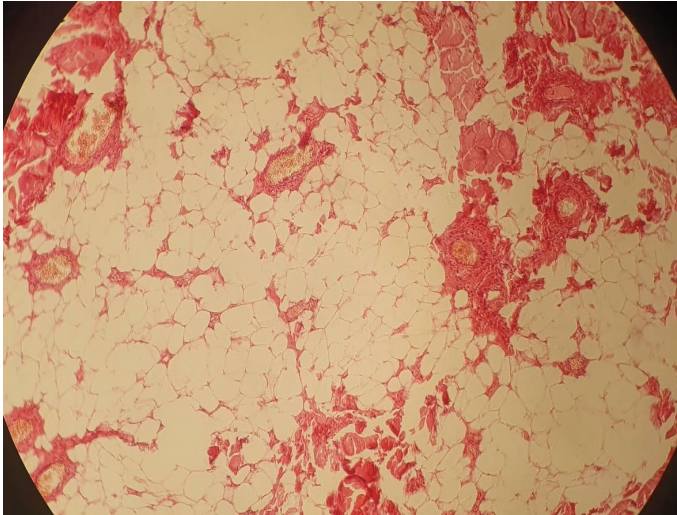
**Figure 5.** Extirpation of this large tumor (personal casuistry).



**Figure 6.** Macroscopic aspect of this giant arm lipoma (personal casuistry).



**Figure 7.** Microscopic aspect show lobular architecture represented by lobular fat tissue separated through connectives and vasculature lines OB 50X, Col HE (personal casuistry).



**Figure 8.** Microscopic aspects show adult adipocytes with dimensions relatively equal without anomalies. OB 100X, Col HE (personal casuistry).

surgical excision of the tumor within safe margins to decrease the risk of recurring malignancy.

## Conclusion

Surgical excision needs to be wide enough to ensure safe margins are achieved even for a benign-looking tumor and it is mandatory for pieces to be sent to histopathology laboratory for examination. The patient should be monitored more frequently in the first year then yearly.

## References

1. [www.mayoclinic.org](http://www.mayoclinic.org)

2. [www.healthline.com](http://www.healthline.com)
3. [www.webmd.com](http://www.webmd.com)
4. [www.medicalnewstoday.com](http://www.medicalnewstoday.com)
5. [www.nhs.uk](http://www.nhs.uk)
6. [www.everydayhealth.com](http://www.everydayhealth.com)
7. <https://patient.info>
8. <https://dermnetz.org>
9. [www.claritysurgicalny.com](http://www.claritysurgicalny.com)
10. <https://emedicine.medscape.com>
11. Jemnoschi, Hreniuc, Irina-Mihaela, Nona Garlescu and Dan-Cristian Moraru, et al. "Digital dermoscopy technology in precise early melanoma detection-prognosis and new treatment options." *Int Conf e-Health and Bioeng* (2021): 1-4.
12. Ahmadi, K., E. Prickaerts, J. G. E. Smeets and V. H. M. J. Joosten, et al. "Current approach of skin lesions suspected of malignancy in general practice in the Netherlands: A quantitative overview." *J Eur Acad Dermatol Venereol* 32 (2018): 236-241.

**How to cite this article:** Statescu, G, Maria Statescu, A Scripcaru and AH Nedelcu, et al. "Giant Soft Arm Tumor: Clinic Images and Therapeutic Considerations." *Clin Case Rep* 13 (2023): 1564.