Giant nevus lipomatosus cutaneous superficialis

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Hamartome lipomateux géant

A 36-year-old man presented with asymptomatic, flesh-colored lesions of the left buttock, which had occurred 20 years ago and had progressively increased in size, causing a constant discomfort. There was no preceding lesion or trauma. The patient was otherwise in good health, and his medical history was not significant. No other family members were affected with similar lesions. Dermatological examination revealed a cerebriform, soft, non-tender tumor, 30 × 15 cm in size, with an overlying skin which was dotted with multiple comedones. There were also homolateral smaller plaques, having a metameric arrangement, composed of multiple papules, sometimes coalescent, which were similar to the biggest lesion. Isolated long black hairs were noticed within and around the lesions (figure 1). Neither regional lymphadenopathy nor other cutaneous abnormalities were present. Histological examination of an incisional biopsy specimen taken from the main tumor showed dermal proliferation of mature fat cells in the papillary dermis around blood vessels (figure 2). Based on the clinical and histopathological features, the diagnosis of nevus lipomatosus cutaneous superficialis (NLCS) was made. The patient was referred to the plastic surgery department for surgical excision.

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Discussion

As seen in our patient, NLCS is usually unilateral and may have a band-like or zosteriform distribution [1,2]. It is often seen at birth but may appear during the first two decades of life, as in our case. There is no familial or sex predilection [1]. The lesions may present as multiple papules, and in this case, they usually appear simultaneously and vary in size. The lesions usually remain unchanged once formed [1,2]. The predilection areas for NLCS are the flanks, buttocks, and the upper posterior aspect of the thighs [3]. The presence of hairs, as seen in our patient, has rarely been reported [4]. No systemic abnormalities or malignant changes have been noticed with NLCS [1,2]. The diagnosis can be suspected by clinical examination and confirmed by histopathology. This latter shows the presence, in the dermis, near blood vessels, of mature ectopic adipose tissue, the proportion of which varying from 10 to 70% [1]. Changes in the connective tissue, blood vessels, and skin appendages may also be seen [1].

Differential diagnosis includes plexiform neurofibroma, connective tissue nevus, vascular malformation or lipomatosis [5]. Treatment is not necessary other than for cosmetic reasons. Excision is usually curative and recurrence after surgery seems to be rare [5]. Patients in whom surgery is impossible may undergo cryotherapy or CO2 laser ablation, which could give satisfactory results [2].

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References