

Pedunculated Lipofibroma

— The solitary Form of *Nevus Lipomatosus Superficialis* —

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A 45-year-old woman had a bean-sized, asymptomatic, soft nodule on the right buttock for 4 years. Histopathologic evaluation revealed acanthosis and a central core of adipose tissue with thin papillary and reticular dermis containing eccrine glands. Staining with alcian blue showed a slight increase of mucopolysaccharides in the reticular dermis. We made the diagnosis of pedunculated lipofibroma as a solitary form of *nevus lipomatosus superficialis*. *Ann Dermatol* 8:(3)237~239, 1996).

Key Words : Pedunculated lipofibroma, *Nevus lipomatosus superficialis*

Pedunculated lipofibroma is a rare form of benign connective tissue abnormality characterized by ectopic fat tissue in the dermis¹. The term was originally proposed for the solitary form of *nevus lipomatosus superficialis*². Clinically, it is characterized by a solitary, slow growing, pedunculated or dome-shaped, skin colored nodule. Histopathology shows a central core of mature adipose tissue entrapped between the bundles of dermal collagen fibers. Adnexal structures were observed within ectopic fat tissue¹. We describe a case of pedunculated lipofibroma with a review of the other reports, and we suggest that solitary *nevus lipomatosus superficialis* is a better term rather than pedunculated lipofibroma for this rare tumor to avoid confusion with eruptive lipofibroma, a form of soft fibroma³, and 'orthopedic' lipofibroma⁴.

REPORT OF A CASE

A 45-year-old woman presented with a bean-sized, asymptomatic, skin colored, dome shaped, soft nodule showing marked hyperkeratosis on its top on the right buttock (Fig. 1). The lesion was initially recognized 4 years ago and the size gradually increased. She had no history of trauma. Her past and family histories were not significant.

The lesion was excised and the histopathologic examination revealed hyperkeratosis, acanthosis and a central core of adipose tissue in the dermis. The dermis was thin and contained groups of mature, unencapsulated fat cells (Fig. 2). Eccrine glands and capillaries were seen near the base of the lesion (Fig. 3). Staining with alcian blue showed a slight increase of mucopolysaccharides in the reticular dermis. Inflammatory infiltration was not observed.

DISCUSSION

Nevus lipomatosus superficialis is a fairly uncommon, but well-known disorder that is characterized by collections of mature adipose tissues situated ectopically within the dermis⁵. Clinically, there are two principal presentations⁶. The first is

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Fig. 1. A bean sized, skin colored, protruded, soft nodule is seen on the right buttock.

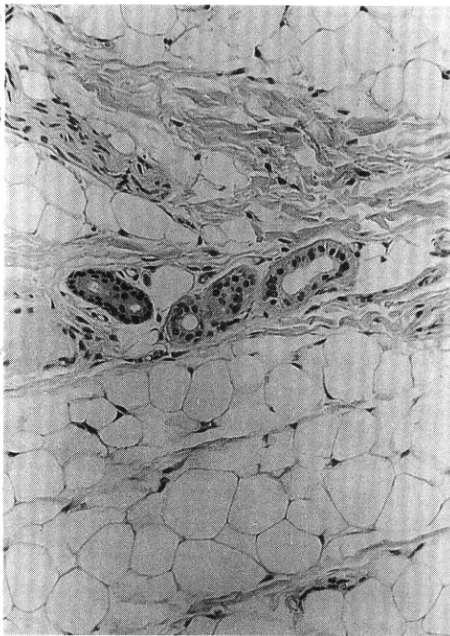


Fig. 3. Eccrine glands are seen in the central core of adipose tissue (H&E, ×200).

the classic form of a clustered group of soft, skin-colored or yellow nodules which are found most commonly on the buttocks. The second form is a solitary lesion, which has been reported at various sites such as the thigh, buttock, lower back, axilla, arm, ear, scalp, and knee⁶⁻⁸.

Mehregan *et al.*² proposed the term pedunculated lipofibroma for the solitary form of nevus lipomatosus superficialis in view of its distinctive clinicopathologic features. Recently Nogita *et al.*¹ de-

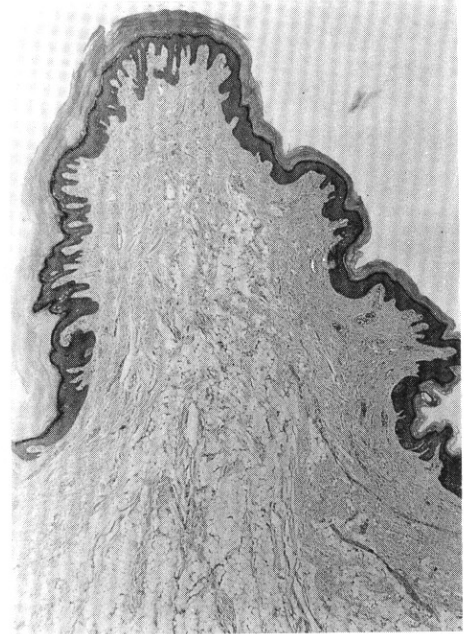


Fig. 2. Acanthosis and a central core of adipose tissue are observed in the dermis (H&E, ×10).

scribed 32 cases of pedunculated lipofibroma, which had the same histologic features as the classic, multiple form, and clinically appeared as large, slow growing, pedunculated (68.8%) or dome shaped (18.8%) skin colored nodules, and also as elevated plaques. The predilection sites were buttock and thigh, and the age at onset was mostly after the third decade¹.

A form of soft fibroma composed of a quite thin dermis and prominent fat cells was reported as an eruptive lipofibroma³. Although histopathologic features of the lesion are very similar to the present case, eruptive lipofibroma does not contain adnexal structures such as hair follicles, apocrine glands or eccrine glands in contrast to pedunculated lipofibroma. The lesion could also be differentiated clinically, because eruptive lipofibroma is manifested as multiple hypopigmented sessile tumors of the legs.

The term "lipofibroma" has also been used for very rare benign tumors of the peripheral nerve, most commonly the median nerve of the hand, in the department of orthopedics⁴. This "orthopedic" lipofibroma is entirely different from the "dermatologic" lipofibroma in its clinicopathologic features. We think that there is cause for controversy over the use of the term "lipofibroma".

Now, because of its distinctive clinicopathologic

features, we agree with the previous proposals that pedunculated lipofibroma and solitary form of nevus lipomatosus superficialis are the same disease entity^{1,2}, but we prefer to use the term solitary nevus lipomatosus superficialis to avoid confusion with eruptive lipofibroma and orthopedic lipofibroma.

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