

EP-247

하악골에 발생한 골막주위 지방종:
수술적 시사점을 고찰한 증례 보고

(Parosteal Lipoma of the Mandible: A Case Report Highlighting Surgical Implications)



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Purpose: Parosteal lipoma is a rare benign neoplasm arising from the periosteum, accounting for only 0.3% of all lipomas. Mandibular involvement is exceptionally rare, with fewer than 20 reported cases. Its clinical fixity often mimics malignancy, posing a diagnostic challenge. We report a rare case of a mandibular parosteal lipoma and discuss its surgical implications.

Methods: A 75-year-old male presented with a 1-year history of a painless, fixed mass on the left chin (Fig. 1). Physical examination revealed a firm, immobile mass measuring 3.0 cm on the buccal mandible. Computed tomography (CT) showed a well-demarcated, homogeneous, low-density mass originating from the cortex. Notably, there was no evidence of internal ossification or bony erosion (Fig. 2).visibility, surgical convenience, and operative time.

Results: The tumor was excised via an extraoral submandibular approach. Intraoperatively, the mass was firmly adherent to the periosteum, lacking a capsule at the bone-tumor interface (Fig 3). Meticulous subperiosteal dissection was performed for en bloc removal. The specimen was a yellowish, lobulated mass, and histopathology confirmed a mature simple lipoma without atypia (Fig 4). The patient remained recurrence-free at 6 months.

Conclusion: Mandibular parosteal lipoma is an extremely rare entity. This case is clinically significant as it presented asymptotically without intrinsic ossification. CT imaging is crucial for accurate preoperative planning. Complete subperiosteal excision via an external approach is the treatment of choice to ensure removal of the periosteal attachment and minimize the risk of recurrence.



Fig 1. Preoperative clinical photograph of the 75-year-old male, showing a visible, firm swelling in the left mandible/chin region (red arrow).

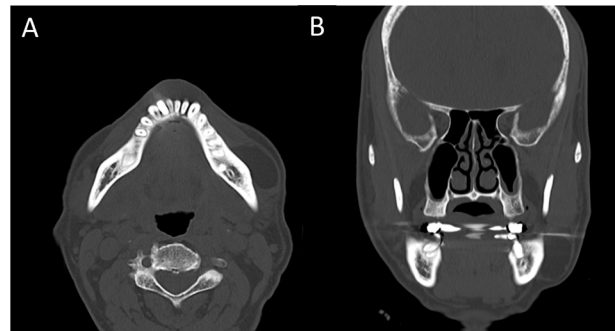


Fig 2. Preoperative computed tomography (CT) scans. (A) Axial view shows a well-demarcated, fat-density mass abutting the buccal cortex. (B) Coronal view confirms the parosteal location of the lesion, showing close contact with the underlying bone without cortical invasion or internal ossification.



Fig 3. (A) Intraoperative photograph showing the dissection of the encapsulated, yellowish lipomatous mass from its firm attachment to the mandibular periosteum through the skin incision. (B) The en bloc resected gross specimen, measuring approximately 3.5 x 3.0 cm, showing its lobulated, encapsulated, and yellowish appearance consistent with a lipoma.

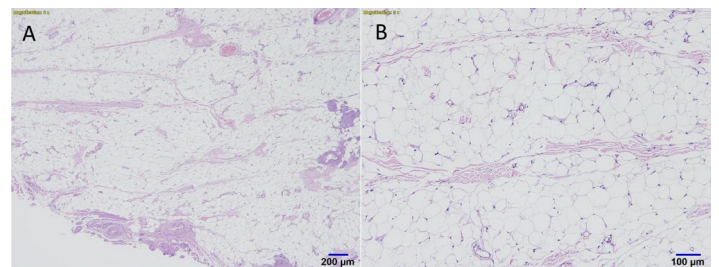


Fig 4. Histopathological examination. (A) Low-power view showing mature adipocytes arranged in lobules (H&E, x40). (B) High-power view confirming uniform adipocytes with clear cytoplasm and eccentric nuclei, with no evidence of atypia or malignancy (H&E, x100).