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內文：

### I. Abstract

Sialolipoma is a relatively rare and fairly recently described as a variant of lipoma with salivary elements. Any site within the oral and maxillofacial region may be involved with the parotid gland being the most common location. Herein, we present a case of silaolipoma in lower lip. The clinical and histological features and differential diagnosis are discussed.

### II. Introduction- Sialolipoma

1. A new histological variant of salivary gland lipoma
2. Composed of adipose and glandular tissues
3. The etiology of sialolipoma is not completely understood
4. Typically arises within the major salivary glands and the minor salivary gland of oral cavity.

### III. Case report

1. General data : A 54-year-old Caucasian female
2. Chief complaint : A painless swelling in her lower left lip
3. Past medical history & family history : Unremarkable and no history of trauma or infection
4. Alcohol 、Cigarettes : unremarkable
5. Intra-oral examination : A 0.6x0.6cm soft tissue mass with normal overlying mucosa in her left lower lip
6. Extra-oral examination : Revealed a normal facial morphology
7. Clinical differential diagnosis : Mucocele, fibroma, lipoma,and salivary gland neoplasm.
8. Histological examination : A mass of mature adipose tissue completely encapsulated by a fibrous band. Islands of salivary gland acini and ducts were located within the tumor. Neither atypia nor mitotic figures were observed in either the salivary glandular type tissue or the adipocytes. Mild lymphocytic infiltration and ductal dilation
9. Histologic Diagnosis: Sialolipoma
10. Treatment : An excisional biopsy was performed and no further treatment was required
11. 3-year follow-up : No recurrence was observed

### IV. Discussion- 35 cases of sialolipoma reported in English literature

1. Sialolipoma is an uncommon variant of head and neck lipoma, is composed of proliferative adipocytes with entrapped normal salivary gland island
2. Almost any site within the oral and maxillofacial region may be involved with the parotid gland being the most frequently reported location

3. Eighteen of them were found in minor salivary glands (seven on the palate, three in buccal mucosa, three on floor of the mouth, two on the tongue, two in lower lip) in the former 34 cases
4. Sialolipomas usually present as a solitary painless palpable mass with an average size of 2.74 cm in diameter
5. Females are affected slightly more than males (with ratio 1.7:2)
6. Patient's ages range from 6 weeks to 84 years, with average of 47.6 years
7. The duration of the lesion range from two months to ten years, with average of three years
8. There is no distinguishable radiographic sign for sialolipoma in either computed tomography scan (CT) or magnetic resonance imaging (MRI) compared to a typical fatty lesion in the head and neck region
9. Histological findings of haematoxylin and eosin staining in previous studies include a well circumscribed mass surrounded by a delicate fibrous tissue
10. The tumors are composed of mature adipose elements mixed with salivary gland tissues
11. The 80 % of sialolipomas in major salivary gland are composed of adipose tissue while in minor salivary gland the glandular elements are clustered and evenly distributed around fat tissue
12. The glandular components may be showed ductal dilation, oncocytic changes and squamous ductal metaplasia, lymphocyte infiltration and enlarged congested vessels are reported
13. **Adenolipoma** has histologic characteristic similar to sialolipoma; but it is composed of adipocytes and duct elements without acinar cells. Adenolipoma also differs from sialolipoma by the lack of organoid arrangement of the ductal type tissue
14. **Lipomatosis** which typically occurs in older patients can be excluded by the microscopic lack of the fibrous capsule in addition to the absence of any medical condition associated with lipomatosis, for instance diabetes mellitus, malnutrition, chronic alcoholism and liver cirrhosis
15. The distinction from **pleomorphic adenoma** is made by the presence of extensive fatty elements within the normal salivary gland tissue and lack of ducts and strands of dark-staining myoepithelial cells in sialolipoma
16. Sialolipoma in the minor salivary glands is treated by complete surgical excision. Most of tumors in parotid glands are treated with superficial parotidectomy. A complete parotidectomy with preservation of the facial nerve has been reported in two cases

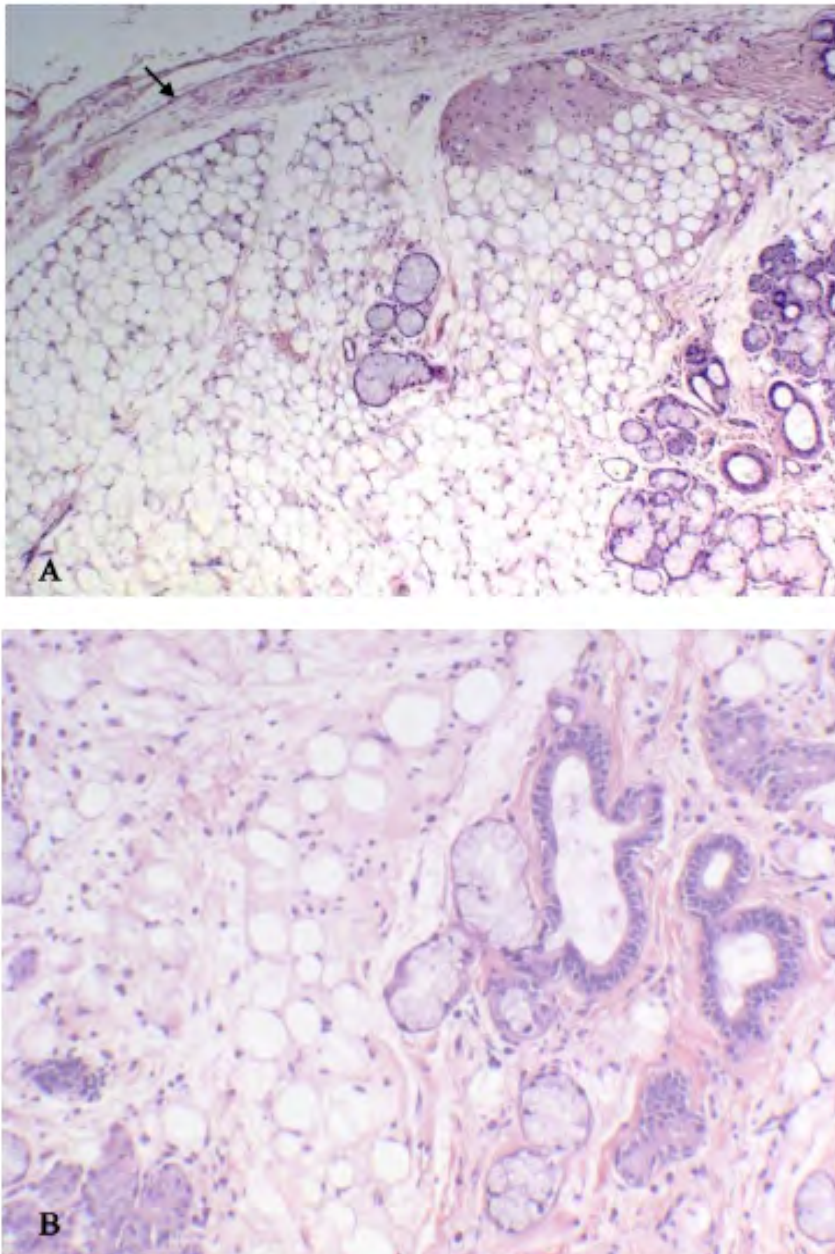


Fig. (1). (A) Photomicrograph showing islands of salivary gland tissue present within an adipose tissue tumor encapsulated by thin fibrous tissue (arrow) (hematoxylin and eosin, original magnification 4x); (B) Higher magnification revealing mild ductal dilatation with fibrosis within the tumor mass (hematoxylin and eosin, original magnification 10x).

Table 1. Clinical Features of 36 Cases of Sialolipoma

Author	Age (years)	Sex	Location	Size in cm	Duration	Treatment	Follow-up
Walts and Perzik, [2]	48	M	Parotid gland	3.5x2.5x1	NA	Superficial parotidectomy	NED
Walts and Perzik, [2]	65	M	Parotid gland	2.6 diameter	2 months	Superficial parotidectomy	NED
Baker <i>et al.</i> , [3]	44	M	Parotid gland	1.0 diameter	2 months	Superficial parotidectomy	30 mo; NED
Nagao <i>et al.</i> , [1]	20	M	Parotid gland	3.5x3.0x2.2	4 months	Superficial parotidectomy	7 yr, 7 mo; NED
Nagao <i>et al.</i> , [1]	45	F	Parotid gland	6.0x3.0x2.0	10 years	Superficial parotidectomy	7 yr, 1 mo; NED
Nagao <i>et al.</i> , [1]	67	M	Parotid gland	1.7 diameter	2 months	Superficial parotidectomy	3 yr, 1 mo; NED
Nagao <i>et al.</i> , [1]	66	F	Parotid gland	6.0 diameter	5 months	Superficial parotidectomy	2 yr, 11 mo; NED
Nagao <i>et al.</i> , [1]	42	M	Parotid gland	6.0 diameter	10 years	Superficial parotidectomy	1 yr 8 mo; NED
Nagao <i>et al.</i> , [1]	66	M	Soft palate	2.2x1.5x1.5	6 years	Surgical excision	11 mo; NED
Nagao <i>et al.</i> , [1]	75	M	Hard palate	1.0 diameter	3 years	Surgical excision	NA
Fregnani <i>et al.</i> , [4]	NA	NA	Tongue	NA	NA	Surgical excision	NED
Fregnani <i>et al.</i> , [4]	NA	NA	Buccal sulcus	NA	NA	Surgical excision	NED
Lin <i>et al.</i> , [5]	67	F	Floor of the mouth	3.0x2.0	1 year	Surgical excision	2 yr; NED
Hornigold <i>et al.</i> , [6]	7 wk	F	Parotid gland	2.0x1.7x1.1	10 weeks	Surgical excision	2 yr; NED
Michaelidis <i>et al.</i> , [7]	44	M	Parotid gland	3.5 diameter	1.5 years	Total parotidectomy	2 yr; NED
Sakai <i>et al.</i> , [8]	60	F	Hard palate	1.8x1.2x1.0	10 years	Surgical excision	NED
Kadivar <i>et al.</i> , [9]	3	F	Parotid gland	3.0 diameter	8 months	Superficial parotidectomy	NA
Ramer <i>et al.</i> , [10]	84	F	Buccal mucosa	1.0x1.0	NA	Surgical excision	11 mo; NED
Ramer <i>et al.</i> , [10]	43	F	Soft palate	2.0x2.0	NA	Surgical excision	NA
Ponniiah <i>et al.</i> , [11]	70	M	Floor of mouth	2.0 diameter	NA	Surgical excision	2 yr; NED
De Freitas <i>et al.</i> , [12]	38	M	Lower lip	1.0 diameter	NA	Surgical excision	NA
Parente <i>et al.</i> , [13]	77	F	Submandibular gland	3.0x2.0x1.8	NA	Surgical excision	22 mo; NED
Dogan <i>et al.</i> , [14]	33	M	Parotid gland	2.0x2.0	1 year	Superficial parotidectomy	NED
Jang <i>et al.</i> , [15]	62	F	Submandibular gland	5.0 diameter	2-3 years	Surgical excision	17 mo; NED
Okada <i>et al.</i> , [16]	66	F	Hard palate	0.8 diameter	10 years	NA	NA

Author	Age (years)	Sex	Location	Size in cm	Duration	Treatment	Follow-up
De Moraes <i>et al.</i> , [17]	72	F	Hard palate	2.0 diameter	2 weeks	Surgical excision	8 mo; NED
Sato <i>et al.</i> , [18]	3	M	Submandibular gland	4.0x3.0	NA	Surgical excision	3 yr; NED
Akrish <i>et al.</i> , [19]	52	M	Submandibular gland	3.5x2.0x1.5	NA	Surgical excision	1 yr; NED
Akrish <i>et al.</i> , [19]	67	F	Hard Palate	5.0x4.0x4.0	NA	Surgical excision	1 yr; NED
Nonaka <i>et al.</i> , [20]	27	F	Tongue	1.0x1.0	5 years	Surgical excision	NA
Nonaka <i>et al.</i> , [20]	73	F	Floor of mouth	4.0x1.0	NA	Surgical excision	NA
Nonaka <i>et al.</i> , [20]	65	F	Buccal Mucosa	2.0 diameter	2 years	Surgical excision	NA
Nonaka <i>et al.</i> , [20]	68	F	Retromolar pad	0.9 diameter	NA	Surgical excision	14 mo; NED
Kidambi <i>et al.</i> , [21]	6 wk	M	Parotid gland	4.7x4.5x3.0	4 wk	Total parotidectomy with facial nerve dissection	3 mo; NED
Case report*	54	F	Lower lip	0.6 diameter	NA	Surgical excision	3 yr; NED
Total number of cases=35	Avg: 47.6	M:F 15:18	Parotid gland: 13, Hard palate: 5, Soft palate: 2, Tongue: 2, Floor of mouth: 3, Buccal mucosa: 3, Lower lip: 2, submandibular gland: 4, retromolar pad: 1	Avg: 2.74	Avg: 3.04 years		

\*Present case report; NA, not available; NED, no evidence of disease.

題號	題目
1	Which one of lipoma is false? (A) The lesion is nontender, and cheesy in consistency (B) Buccal mucosa is the most common site of the lesion (C) Tooth involvement is usually seen in premolar (D) Lipoma is mature and fat tissue may be enclosed within a capsule
答案(C)	出處：Differential and diagnosis of oral and maxillofacial lesions,5 <sup>th</sup> edition
題號	題目
2	Which one is the most common place of oral lipoma? (A) Buccal mucosa (B) Lip (C) Soft palate (D) Tongue
答案(A)	出處：Oral and maxillofacial pathology,3 <sup>rd</sup> edition