Lipoma: When to be concerned?

Amy L Schranz[1], Fiona Riordan[2,] Tom Moran[2], Fergal O'Duffy[2]

1. School of Medicine, University College Dublin; 2. Dept. of Otorhinolaryngology, Head and Neck Surgery

Background:
Differentiating benign lipomas from malignant causes is challenging and preoperative management guidelines are not well-defined. The purpose of this study was to retrospectively identify cases of head and neck lipomas that were surgically resected over a 5-year period and to identify the incidence of liposarcomas. Radiological features, MDT Outcomes and pathology reports were examined with a view to identifying high risk features of a lipoma to aid in future risk stratification.

Methods:
Retrospective chart review of pathology characteristics, radiological features (modality, size, calcifications, septations, globular/nodular foci), MDT discussion and history of presenting complaint was performed.

Results:
Two liposarcomas and 138 lipomas were identified. Twenty-two percent of all lipomas received radiological investigation. Twenty-one percent of imaging referrals were possibly inappropriate. Furthermore, radiological features suggestive of malignancy were inconsistently included in the final radiology report, $X2=28.8$, $p<0.0001$.

Conclusions:
As expected, the incidence of liposarcoma is low. There is limited awareness of radiology referral guidelines superimposed with a tendency to over-investigate lipomas. Furthermore, radiological features suggestive of malignancy were inconsistently reported on and not documented in MDT discussion, with t composition, the most definitive diagnostic factor, never reported. Therefore, we propose an MDT checklist for referring physicians to aid in diagnostic work-up.