



SCIREA Journal of Clinical Medicine

ISSN: 2706-8870

<http://www.scirea.org/journal/CM>

October 7, 2023

Volume 8, Issue 5, October 2023

<https://doi.org/10.54647/cm321181>

## Nasal dorsum chondroid lipoma, the first reported case

Mojtaba Maleki Delarestaghi<sup>1</sup>, Edris Behboudi<sup>1</sup>, Ali Omidvari<sup>1,\*</sup>

<sup>1</sup>ENT and Head & neck Research Center and Department, Firoozgar Hospital, The Five Senses Health Institute, School of medicine, Iran University of Medical Sciences, Tehran, Iran

\*Corresponding author: Email: [aliom915@yahoo.com](mailto:aliom915@yahoo.com) (Ali omidvari)

Mobile: +989397936888

### Abstract:

Chondroid lipoma is a rare benign soft tissue neoplasm and there is no reported case of this entity in the nasal region. In this study we discuss a 39 years old female came for rhinoplasty. We found a mass on the cartilaginous dorsum with pathologic report suggestive for chondroid lipoma. In the other regions of body complete surgical excision is the treatment of choice for chondroid lipoma and regarding its benign behavior we suggest the same treatment for nasal chondroid lipomas.

### Introduction:

Chondroid lipoma is a rare soft tissue benign neoplasm which has histologic features of both embryonal fat and embryonal cartilage.(1) Most chondroid lipomas occur in extremities and most of cases present in 30 to 40 years old patients.(2) It is more common among females and it presents as a slow growing painless mass.(3) Its characteristics in different imaging modalities are similar to malignant sarcoma so it is important to distinguish this benign lesion

from malignant neoplasms(4) complete excision is the recommended treatment for chondroid lipoma in different regions of body.(5, 6) Nose is a very rare site for chondroid lipoma presentation. In this study we discuss a case of nasal dorsum chondroid lipoma in a young otherwise healthy female who was referred for rhinoplasty.

### **Case presentation:**

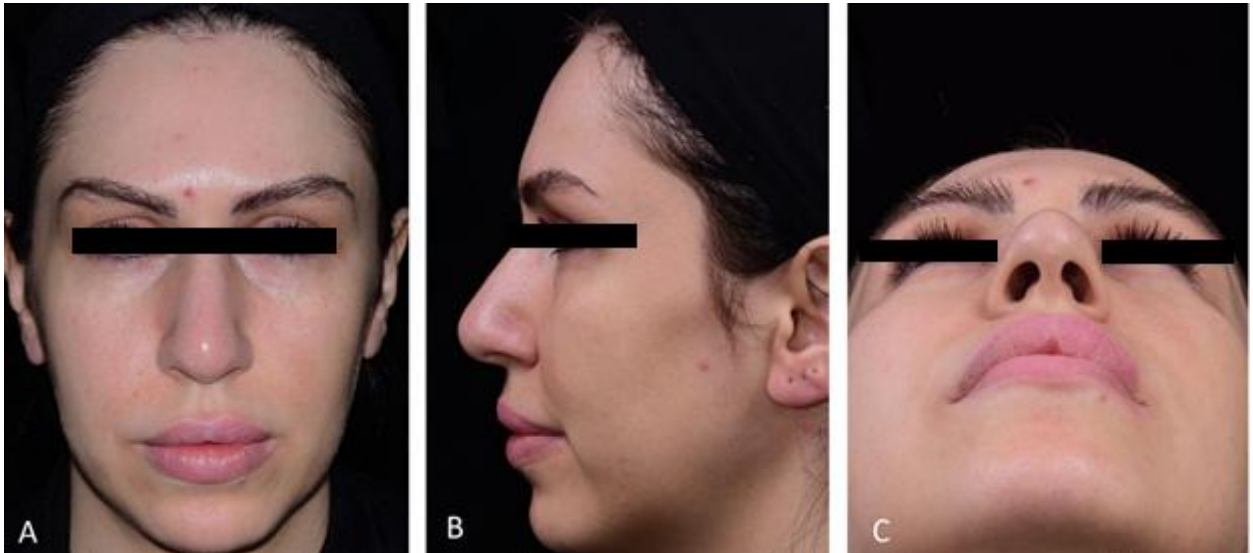
Our patient was a 39 years old Iranian woman who had no complaint and came to our clinic for rhinoplasty. There was no history of pain and any other symptoms. She didn't complain of nasal obstruction or CRS (chronic Rhinosinusitis) related symptoms. She reported no history of significant nasal trauma and her past surgical history was negative.

In the physical examination there was a small size elastic mass on nasal dorsum which was fixed to adjacent structures with no skin involvement. She also had slightly left sided septal deviation. There was no other positive finding in the head and neck examination. She was scheduled for Rhinoplasty and mass resection.

Under general anesthesia with controlled hypotension (7, 8) using mid-columellar and marginal incisions, flap elevated and dissection in supra perichondrial and sub periosteal planes done. There was a 5 mm \* 5 mm mass on the cartilaginous dorsum. We easily dissected the mass from adjacent tissue and then we completely removed it. There was no evidence of cartilage or bone involvement and mass had no attachment to the skin. Finally, we perform septorhinoplasty for the patient.

We discharged her from the hospital the day after operation and she had no postoperative complication during her follow up for the next 12 months and there was no sign of mass recurrence.

We sent removed tissues to surgical pathology lab. On the microscopic evaluation of the excised tissue there were lobular pattern composed of nests of vacuolated cells deposited in a chondroid matrix associated with fat cells. Fibrovascular tissue and some giant cells were also seen. The pathology report was in favor of Chondroid lipoma.



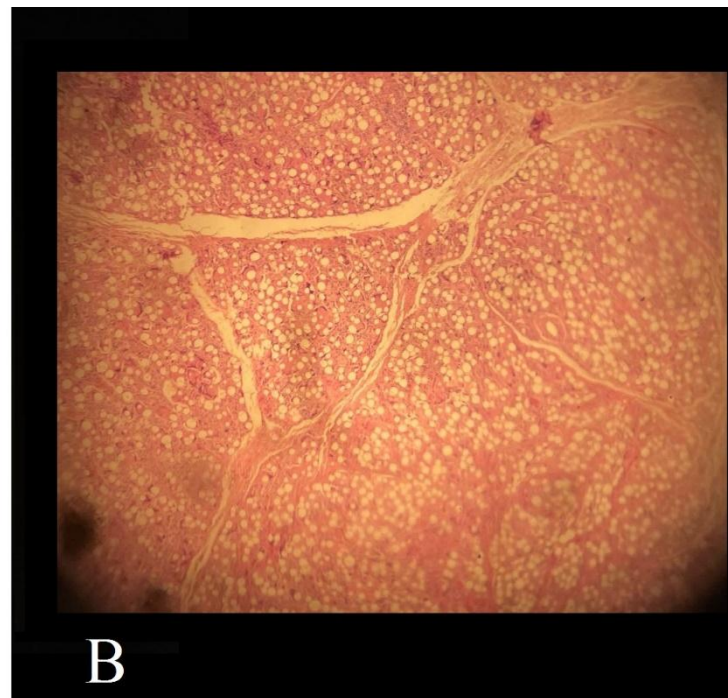
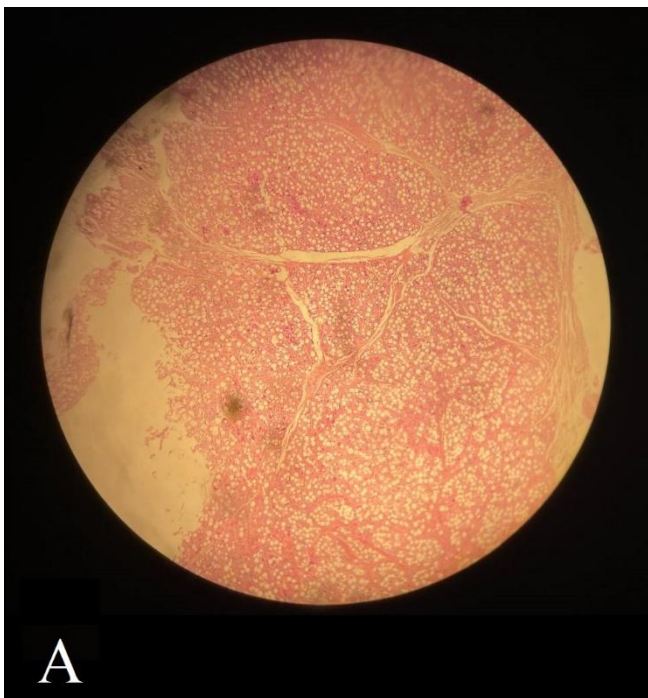
**Figure 1:** Preoperative photos. A: Frontal view B: Lateral view C: Basal view



**Figure 2:** Intraoperative view of mass



**Figure 3:** Resected mass



**Figure 4:** Microscopic view of resected mass      A:  $\times 10$       B:  $\times 40$ , There is a lobular pattern composed of nests of vacuolated cells deposited in a chondroid matrix associated with fat cells

## Discussion:

Chondroid lipoma is a benign soft tissue neoplasm mainly affecting extremities. Its occurrence in head and neck especially in the nasal region is very rare.(1) We found no report of nasal chondroid lipoma in the literature. Due to its rarity, there is no guideline for its treatment and follow up. It is important to distinguish this benign neoplasm from the malignant ones involving soft tissue such as liposarcoma and chondrosarcoma. Although; different imaging modalities and gross features of mass can help us to distinguish it from malignancies(9), the gold standard method of diagnosis is microscopic evaluation of surgical specimens. Due to its benign behavior and lack of any report of local or systemic invasion of the disease (10, 11), it seems complete local excision with regular follow up is the best treatment plan for cases of chondroid lipoma involving nasal structures.

## References

- [1] Meis JM, Enzinger FM. Chondroid lipoma. A unique tumor simulating liposarcoma and myxoid chondrosarcoma. *The American journal of surgical pathology*. .12-1103:(11)17;1993
- [2] Kindblom L-g, Meis-Kindblom JM. Chondroid lipoma: an ultrastructural and immunohistochemical analysis with further observations regarding its differentiation. *Human pathology*. .15-706:(7)26;1995
- [3] Lakshmiah SR, Scott K, Whear N, Monaghan A. Chondroid lipoma: a rare but diagnostically important lesion. *International journal of oral and maxillofacial surgery*. .6-445:(6)29;2000
- [4] Frassica FJ, Khanna JA, McCarthy EF. The role of MR imaging in soft tissue tumor evaluation: perspective of the orthopedic oncologist and musculoskeletal pathologist. *Magnetic resonance imaging clinics of North America*. .27-915:(4)8;2000
- [5] Capodiferro S, Lojudice AM, Pilolli G, Lajolo C, Giuliani M, Maiorano E, et al. Diode laser excision of chondroid lipoma of the tongue with microscopic (conventional and confocal laser scanning) analysis. *Photomedicine and laser surgery*. .7-683:(4)27;2009
- [6] Jorwekar G, Baviskar P, Sathe P, Dandekar K. Giant chondroid lipoma of breast. *Indian Journal of Surgery*. .3-74:342;2012
- [7] Rokhtabnak F, Djalali Motlagh S, Ghodraty M, Pournajafian A, Maleki Delarestaghi M, Tehrani Banihashemi A, et al. Controlled Hypotension During Rhinoplasty: A

Comparison of Dexmedetomidine with Magnesium Sulfate. *Anesthesiology and pain medicine*. 6)7;(2017):e.64032

- [8] Djalali Motlagh S, Rokhtabnak F, Ghodraty MR, Maleki Delarestaghi M, Saadat S, Araghi Z. Effect of Different Loading Doses of Dexmedetomidine on Controlled Hypotension and the Incidence of Bradycardia During Rhinoplasty: A Clinical Trial. *Anesthesiology and pain medicine*. 4)11;(2021):e.118857
- [9] Logan PM, Janzen D, O'Connell JX, Munk PL, Connell DG. Chondroid lipoma: MRI appearances with clinical and histologic correlation. *Skeletal radiology*. .5-25:592;1996
- [10] Thway K, Flora RS, Fisher C. Chondroid lipoma: an update and review. *Annals of Diagnostic Pathology*. .4-230:(3)16;2012
- [11] Lakshmiah SR, Scott KWM, Whear NM, Monaghan A. Chondroid lipoma: A rare but diagnostically important lesion. *International Journal of Oral and Maxillofacial Surgery*. .6-445:(6)29;2000