Lipomas are rarely found in the parotid gland. A total of 306 cases have been reported in the English literature. Among parotid tumors, the incidence of lipoma is exceedingly low. Six cases have been reported for the diagnosis of lipomas by CT 

Lipomas are rarely found in the parotid gland. Among parotid tumors, the incidence of lipoma varies from 0.6 to 4.4%. Lipomas arising in the deep parotid lobe are extremely rare, and only five cases have been reported in the literature so far. Because of their rarity, they are not often encountered by most authors, which may originate from adipose tissue in any part of the body. It may be single or multiple and may occur as a superfi- cial or deep-seated tumor. The most common symptom was an otherwise asymptomatic swelling situated on the head and neck region. Although majority of them are found in the subcutaneous tissues, lipomas are rarely found in the parotid gland. Among parotid tumors, the incidence of lipoma ranges from 0.6 to 4.4%. Lipomas arising in the deep parotid lobe are extremely rare, and only five cases have been reported in the literature so far. Because of their rarity, they are not often considered in the differential diagnosis of parotid tumors. Clinical diagnosis of a parotid lipoma is usually dif- fi cult. Lipomas are asymptomatic tumors of the superficial lobe, but mainly on the deep lobe of the parotid gland in 4 of 5 cases. In two of the cases, lipomas were partly seated on the superficial lobe, but mainly on the deep lobe of the parotid gland (Figure 2a, 2b). Total excision of the tumor was achieved in all cases (Figure 2c). There was no recurrence of the tumors after a mean follow-up of 60 months.

Discussion

Lipoma is undeniably one of the most frequently encountered benign mesenchymal tumors. This tumor may originate from adipose tissue in any part of the body. It may be single or multiple and may occur as a superficial or deep-seated tumor. The most common symptom was an otherwise asymptomatic swelling situated on the head and neck region. Although majority of them are found in the subcutaneous tissues, lipomas are rarely found in the parotid gland. Among parotid tumors, the incidence of lipoma ranges from 0.6 to 4.4%. Lipomas arising in the deep parotid lobe are extremely rare, and only five cases have been reported in the literature so far. Because of their rarity, they are not often considered in the differential diagnosis of parotid tumors. Clinical diagnosis of a parotid lipoma is usually difficult. Lipomas are asymptomatic tumors of the superficial lobe, but mainly on the deep lobe of the parotid gland in 4 of 5 cases. In two of the cases, lipomas were partly seated on the superficial lobe, but mainly on the deep lobe of the parotid gland (Figure 2a, 2b). Total excision of the tumor was achieved in all cases (Figure 2c). There was no recurrence of the tumors after a mean follow-up of 60 months.

Conclusion

Different from the other location, lipomas arising from the parotid gland can not be easily resected by simple dissection. Full exposure of the facial nerve and its branches performed, total excision of the tumor by enucleation was achieved with careful dissection. During surgery, we observed that in two of 5 cases, lipoma was partly seated on the superficial lobe, but mainly on the deep lobe of the parotid gland. After lipoma was resected, the capsule of the superficial parotid gland was re- closed. Neither paralysis nor infection was observed as a complication. There was no recurrence of the tumors after a mean follow-up of 60 months in our cases.

References