

CASE REPORT

Superficial cutaneous lipomatous nevus: Report of a case and review of the literature

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SUMMARY

Superficial lipomatous nevus is a rare variant of connective tissue nevus; it is often congenital or appears within the first three decades of life and has a particular tendency to be located in the pelvic girdle or buttocks. Histologically, it is characterized by the presence of mature ectopic adipose tissue in the dermis. We present the case of a patient whose histological study confirmed the diagnosis and helped to rule out other pathologies.

INTRODUCTION

Superficial lipomatous nevus (SLN) is a relatively rare variant of connective tissue nevus composed of mature fat.¹ It was first reported and described in 1921 by Hoffmann and Zurhelle.² Two types have been described: solitary and multiple. The former is more common in adults and can be located in a broader distribution on the skin; the multiple type appears from birth to age 20 and is often found in the lower back, buttocks, or abdomen.³ It shows no gender predilection or familial inheritance. The pathogenesis is still unknown, but it is believed to be a consequence of degenerative changes in connective tissue.⁴

Clinically, it presents as soft, painless papules that are skin-colored or yellow, with a smooth, wrinkled, or verrucous surface. Generally, they remain unchanged over time but may grow slowly.⁵ In the differential diagnosis, lipomas and other nevi should be considered. Histologically, it is characterized by the presence

of well-differentiated mature adipose tissue, forming non-encapsulated lobules in the superficial dermis.¹

CLINICAL CASE

A 27-year-old female patient underwent excision of a mass on her back 7 years ago. She reports the presence of a new mass for the past 2 years, which is slowly growing, asymptomatic, located in the left lumbar region near the site of the previous intervention. Upon physical examination, a soft, nodular mass, skin-colored, with some papules around and on the surface, measuring approximately 9 cm (Fig. 1). Paraclinical tests show no abnormalities. Ultrasound reports a hyperechoic, oval, solid mass with defined contours, pseudonodular, non-vascularized at 1 mm depth, measuring 36x9x50 mm. An incisional biopsy is performed, which reports nests of mature adipocytes with



Figure 1. Soft, papulo-nodular lesion in the left lumbar region

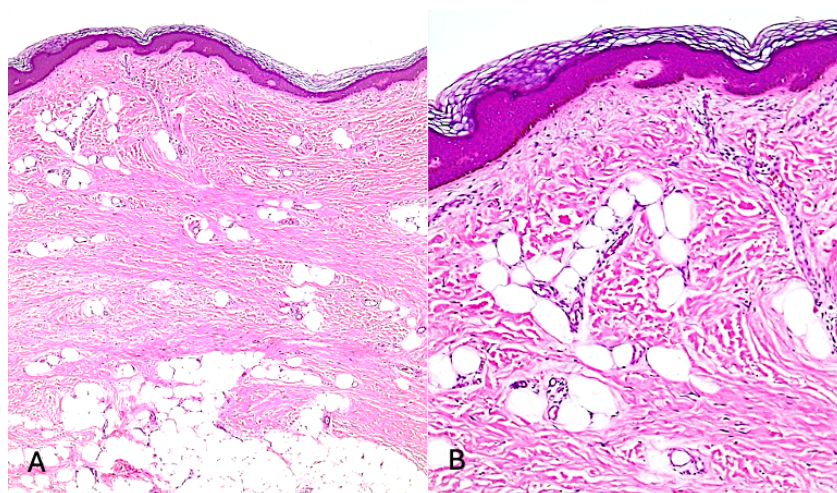


Figure 2 A. Panoramic image. The lobules of adipose tissue are diffusely distributed among the collagen bundles in the papillary and reticular dermis. B. Nests of mature perivascular adipocytes in the dermis.

typical perivascular characteristics that invade the superficial and deep dermis, compatible with superficial lipomatous nevus (Fig. 2).

DISCUSSION

In the differential diagnosis of superficial lipomatous nevus (NLCS), neurofibroma, lymphangioma, focal dermal hypoplasia, cylindroma, trichoepithelioma, and angiolipoma should be considered.⁶ The intradermal melanocytic nevus and Goltz syndrome show histopathological patterns similar to those of NLCS; however, they can be easily differentiated from NLCS based on clinical characteristics⁷

The histopathology of a reported case of NLCS revealed underlying dermal infiltration by mature, bland adipocytes compromising approximately 70% of the dermis, with adipocytes aggregated around blood vessels and eccrine glands. Van Gieson elastic

staining showed normal dermal elastic fibers.⁸ In other studies, nodules displaying mature adipose tissue, perivascular infiltrates of mononuclear cells, and numerous mast cells have been found.⁹ These characteristics are similar to the findings we obtained in the histopathology of our patient, serving as a fundamental pillar for the diagnosis.

Regarding treatment, it is not necessary except for aesthetic reasons. Systemic abnormalities and malignant changes have not been associated with NLCS. Excision is curative, and recurrence after surgery is rare if the extraction is complete.⁹

CONCLUSION

We have reported a case of superficial lipomatous nevus (NLCS) to highlight its rarity and to emphasize the need for histological examination for an accurate diagnosis.

INFORMED CONSENT

The authors declare that this article does not contain patient data; however, informed consent was obtained.

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