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Case Report

A silent growing mass: case report of large vulvar lipoma in a 50-year-old woman

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ABSTRACT

Vulvar lipomas are rare entities, accounting for a very small proportion of benign soft tissue tumors, with fewer than 100 cases reported globally. Most lesions are small (<5 cm) at diagnosis, whereas tumors exceeding 10 cm are classified as giant vulvar lipomas and are exceptionally uncommon. The present case, measuring 11×6 cm, falls within this "giant" category. Although larger lesions up to 20–26 cm and weighing several kilograms have been described, such extreme sizes are exceedingly rare. Therefore, this case represents a moderately large vulvar lipoma with significant functional impact, highlighting the tendency for delayed presentation in this anatomically sensitive region and the importance of surgical excision for definitive management.

Keywords: Vulvar lipoma, Labia majora, Lipoma, Vulvar neoplasms, Vulvar mass, Ultrasonography, Histopathology, Surgical excision

INTRODUCTION

Vulvar lipoma is a rare benign mesenchymal tumor composed of mature adipocytes and surrounded by a thin fibrous capsule. Although lipoma is the most common soft tissue tumor overall, its occurrence in the vulva is uncommon, with the literature limited to isolated case reports and small case series, totaling approximately 100 reported cases worldwide.[1,2] Due to this rarity, the true incidence is unknown, and vulvar lipoma accounts for only a minute proportion of vulvar masses.[2,5] The condition has been reported across a wide age range, from childhood and adolescence to elderly women, but occurs most frequently in the fourth to sixth decades of life.[1,3] Here we present a case of A 50-year-old P2L2 postmenopausal woman presented with a gradually enlarging, painless mass in the right labia majora for two years, causing discomfort in daily activities, and successful surgical management of this rare vulvar tumor.

CASE REPORT

A 50-year-old, P2L2 postmenopausal woman presented to the Gynaecology OPD complaining of a large soft movable mass in the right labia majora. The mass has gradually grown over a two-year period. The patient did not consult any doctor prior to this due to embarrassment. According to her it was painless but caused discomfort during her daily routine. On clinical examination it was a soft, mobile, non-tender mass approximately measuring 11×6 cm in the right labia majora. The overlying skin showed no ulceration, no discharge and there was no associated regional lymphadenopathy. There was no associated family history. All routine investigations were sent which showed no abnormality. On Ultrasonography well defined homogenous, hyperechoic lesion of approximately 11×6 cm size was noted suggestive of lipoma.

The patient was planned for excision of tumor under spinal anaesthesia. An elliptical incision was made over the skin of the vulva longitudinally. Tumor was excised with the help of blunt dissection. As the tumor was well encapsulated, the mass could be easily extracted and vulval reconstruction was performed. Specimen was sent for histopathological examination. Histopathological report revealed an 11×6 cm mass composed of mature adipocytes surrounded by a thin fibrous capsule suggestive of lipoma. Patient was followed up at 1 month and 6 months with no post-operative complications or recurrence of lipoma.

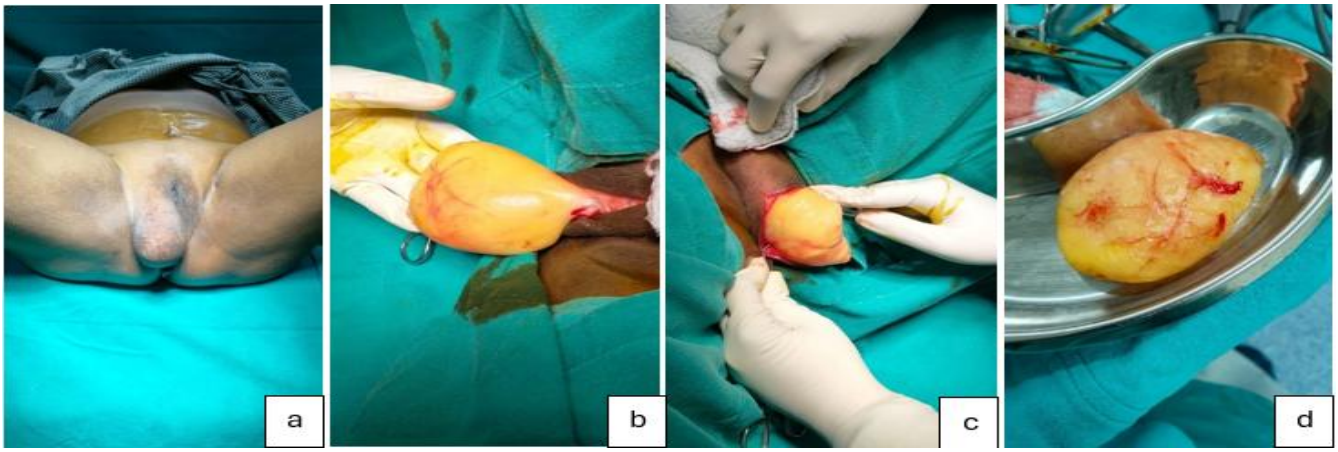

Figure 1 (a-d): Right labial mass.

Table 1: Reported cases of giant vulvar lipomas in the literature with patient characteristics, tumor size, and key clinical features.

S. no.	Author / year	Age	Size (cm)	Weight	Key details
1. (Largest by weight)	Szanecki et al, 2017[7]	Adult	23 cm	6.6 kg	Largest vulvar lipoma reported, arising from pudendal lip
2. (Largest by dimension)	Vats et al, 2024[3]	15 yrs	26.5×21.5×6.5 cm	Not stated	Largest dimensional vulvar lipoma; adolescent with severe distortion
3.	O'Brien et al, 2018[8]	14 yrs	20×15×7 cm	826 g	Giant adolescent vulvar lipoma
4.	Sukgen et al, 2020[9]	70 yrs	17×14×10 cm	Not stated	Reported as *third-largest* case at time of publication
5.	Penopoulos et al, 2019[10]	45 yrs	~19×8.5×3 cm	Not stated	Unilateral vulvar lipoma with fat necrosis
6.	Khreisat et al, 2012[11]	30 yrs	15×6 cm	Not stated	Large classic vulvar lipoma
7.	Zhao et al, 2022[12]	32 yrs	11×6×5 cm	Not stated	Giant but smaller than classical extreme cases

All images and all information in this case report are reported under explicit informed consent of the patient: patient anonymity have been preserved in accordance with the Declaration of Helsinki.

DISCUSSION

Vulvar lipomas most commonly originate from the labia majora, often on the right side, likely due to asymmetrical fat distribution.[1,4] The largest vulvar lipoma reported to date measured 26.5×21.5×6.5 cm in a 15 year old girl and resulted in severe distortion of vulvar anatomy and functional impairment, highlighting the potential for massive growth when diagnosis is delayed.[3] Other "giant" vulvar lipomas exceeding 10–15 cm have been described rarely but may mimic inguinal hernia, Bartholin cyst, or malignant tumors.[6]

Clinical presentation is typically a slow growing, painless, soft, mobile, and non-tender mass. Symptoms are often minimal in early stages; however, increasing size may lead to discomfort during walking or sitting, foreign body sensation, dyspareunia, cosmetic concern, or psychological distress.[3,4,6] Delay in presentation is common due to the private location and social stigma associated with genital examinations.[6]

Diagnosis is primarily clinical but must exclude malignant lesions such as liposarcoma. Ultrasonography is the initial investigation of choice, usually demonstrating a well-defined echogenic mass. Magnetic resonance imaging (MRI) is particularly valuable in large or atypical lesions, as it confirms fatty composition and delineates tumor extent while helping exclude malignancy.[1,5,6] Despite imaging, histopathological examination remains the gold standard, showing mature adipocytes without cellular atypia.[5]

Management involves complete surgical excision, which is both diagnostic and curative. Vulvar reconstruction may be required in giant lesions to preserve function and cosmesis.[3,4] Prognosis is excellent, with minimal risk of recurrence following complete excision, and malignant transformation has not been documented.[1,4]

CONCLUSION

Vulvar lipoma is a rare benign neoplasm that may present as a slowly enlarging, painless vulvar mass, often leading to delayed medical consultation due to social stigma and its indolent nature. This case highlights the importance of considering vulvar lipoma in the differential diagnosis of vulvar swellings. Clinical examination supported by imaging modalities such as ultrasonography aids in preliminary diagnosis; however, histopathological confirmation remains essential to exclude malignancy. Complete surgical excision is the treatment of choice and offers excellent outcomes with minimal risk of recurrence, as demonstrated in our case. Early recognition and timely management are crucial to prevent functional discomfort and psychological distress, especially in large lesions.

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