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Subcutaneous lipoma on the hand (unusual location): A case report

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Abstract: *Subcutaneous lipomas are very common tumors that are primarily located in the neck and trunk. However, other locations can be seen, although they are rare and unusual. The authors report 3 cases of rare lipoma locations. These locations are the first interdigital commissure of the hand, the toe, and the external canthus of the eye. Our case concerns a lipoma at the first interdigital commissure of the right hand.*

Keywords: lipoma, location, hand

Introduction

Subcutaneous lipomas are benign mesenchymal tumors that develop in adipose tissue. They are very common, representing almost 50% of all soft tissue tumors [1]. They appear mainly in adults aged 40 to 60 years, without gender predominance. They can be post-traumatic [2]. All fatty regions of the body can be the site of these tumors [2], however certain locations such as the intraorbital region, the foot and the hand remain rare [3].

We report 1 clinical case of a patient presenting a lipoma with an unusual location (dorsal surface of the 1st commissure), diagnosed in the Traumatology-Orthopedics surgery department (P32) in Morocco, over a period of 1 year, from May 2023 to May 2024.

Observation

A 55-year-old patient, a chronic smoker, consulted for swelling of the first interdigital commissure of the right hand.

Clinical findings: Clinical examination revealed a mass located at the first interdigital commissure of the right hand. It was oval, soft, mobile, painless, and measured approximately 5 cm in length (Figure 1).

Diagnostic approach: a CT scan revealed the presence of a lipomatosis-like formation measuring 40x25 mm at the interdigital commissure of the right hand (Figure 2).Therapeutic intervention and follow-up: the patient underwent lipoma removal under anesthesia

Loco-regional (Figure 3). The lipomatotic nature of the tumor was confirmed by anatomopathological examination

Figure 1: Swelling of the dorsal side of the hand

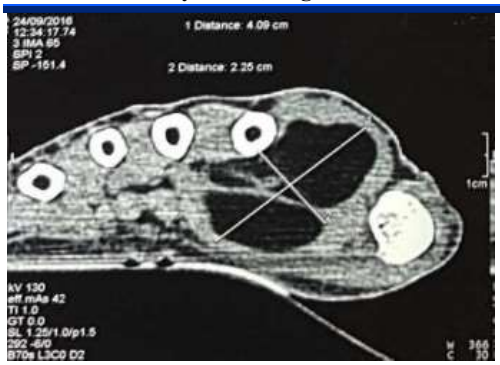

Figure 2: Computed tomography (CT) radiological image of a lipomatous-like formation in the first interdigital space of the right hand

Figure 3 : Intraoperative image of the removal of a lipoma from the first interdigital commissure of the right hand

Discussion

Lipomas are the most common benign mesenchymal tumors. They are made up of mature fat cells that may or may not be surrounded by a connective tissue capsule. They develop in all fatty regions of the body [2]. Their preferred sites are the trunk, the neck and the proximal end of the limbs, however, and for reasons that are unknown to us, their location on the hands, feet and The first case of lipoma of the hand was described by Mc Enery [4] in 1959. Generally, they are located on the palm and the palmar surface of the fingers [4]. Lipomas are exceptionally found on the fingers, their incidence is 1%. The first case of lipoma of the finger was published in 1959 by Stein [5]. When they are located in the hand, these tumors often manifest as a compressive syndrome, especially neurological [8] whose clinical symptomatology differs depending on the location of the lipoma. The etiology and pathogenesis of lipoma are still unclear. Genetic, traumatic and metabolic factors have been suggested [6]. The positive diagnosis of lipomas is generally based on clinical and radiological imaging: ultrasound, CT or magnetic resonance imaging (MRI) remains the technique of choice for the investigation of soft tissue tumors of the foot, it provides excellent anatomical resolution as well as good soft tissue contrast, it often makes the diagnosis with specificity [7,8]. Surgical excision remains the treatment of choice and histological examination confirms the adipose nature of the tumor.

Conclusion

The diagnosis of lipoma should be considered in the case of any swelling developing in fatty tissue, regardless of its location. Histological examination confirms the adipose nature of the tumor.

Bibliography

1. Murphy MD, Carrol JF, Flemming DJ, Pope TL, Gannon FH, Kransdorf MJ. From the archives of the AFIP: benign musculoskeletal lipomatous lesions . Radiographics . 2004 Sep- Oct; 24(5): 1433-66. PubMed| Google Scholar

2. Delgado L, Ingen-Housz- Oro S. Diseases of adipose tissue : lipomas, lipomatoses, lipodystrophies. EMC dermatology. 2011; 98-615-A-10.

3. Neurosurgery Campus. Orbital Tumors and Masses. 2008.

4. McEnery ET, Schmitz RL, Nelson PA. Palmar lipoma : report of a case. AMA Archives of Surgery . 1959 Oct 1; 79(4): 699-700. Google Scholar

5. Stein Jr AH. Benign neoplastic and nonneoplastic destructive lesions in the long bones of the hand. Surge Gynecol Obstet . 1959 Aug; 109(2): 189-97 PubMed| Google Scholar

6. Ramirez- Montano L, Lopez RP, Ortiz NS. Giant lipoma of the third finger of the hand.Springerplus . 2013 Apr 16; 2(1): 164. PubMed| Google Scholar

7. Logan PM, Janzen DL, O´Connell JX, Munk PL, Connell DG. Magnetic resonance imaging and histopathology appearances of benign soft tissue masses of the foot. Can Assoc Radiol J.1996 Feb; 47(1): 36-43. PubMed| Google Scholar

8. Woertler K. Soft tissue masses in the foot and ankle: characteristics on MR imaging. Semin Musculoskelet Radiol . 2005 Sep; 9(3): 227-42. PubMed| Google Scholar