

ABSTRACT

Nasolabial Incision: A Natural Line to Facilitate Removal of a Huge Spindle Cell Lipoma of Cheek – A Case Report

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Introduction: Spindle cell lipoma is a distinct entity of lipomatous tumour, that typically arises in the subcutaneous tissue of the posterior neck and shoulder. Lipomas found in the oral and maxillofacial region rarely reach a size larger than 2 cm. Challenging surgical decision-making as in the present case appears in the aesthetic cheek zones which are highly visible and important parts of a person's countenance. The role of natural line in the complete resection of these neoplasms with minimal risk of recurrence and its clinicopathologic characteristics is highlighted. **Case presentation:** A 55-year-old diabetic, hypertensive obese man presented with a huge asymptomatic slow-growing cheek mass compromising facial aesthetics and discomfort in mastication. MRI was suggestive of an atypical lipomatous tumour with suspicion of intramuscular involvement. Gross examination showed a soft multilobulated mass measuring 8.0 mm in maximum dimension with a brownish jelly-like material. The tumour was successfully removed with no post-operative complications. The histopathological and immunohistochemical analyses confirmed its diagnosis. **Discussion:** Due to the lesion being located subcutaneously, a technique via nasolabial incision approach satisfies the need for surgical exposure and facilitates operative performance. The scar was expertly placed and hidden in a naturally appearing skin crease and virtually impossible to see, thus named a "natural line" incision. **Conclusion:**

A wider intraoral incision potentially would pose a danger to the facial nerve and parotid duct. Operations to maintain and improve function are not feasible without incisions and the subsequent formation of scars. Therefore,

a cosmetically pleasing incision should be used. It requires experience, detailed knowledge, and careful planning to achieve the intended improvement of function with a minimal loss of aesthetics.