

LIPOMA DO PALATO MOLE

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SINOPSE

Revisão da literatura sôbre lipomas localizados na cavidade oral e apresentação de um caso em homem de 52 anos. No caso apresentado o tumor mostrava sômente 1/4 de seu volume o que deve estar presente ao ser planejada a cirurgia.

«Apesar de que o lipoma é um dos mais comuns dos neoplasmas, é raro na cavidade oral» (6).

Este tumor tem sido descrito na cavidade oral, principalmente nas seguintes localizações: lábio inferior (3, 24, 35), comissura (22, 36), vestibulo (17, 26, 33), gengiva (15, 20), assoalho da bôca (1, 7, 11, 32), palato (4, 12, 16), língua (1, 3, 21, 27, 38), sob a língua (14, 19, 31, 32), bochechas (6, 8, 15, 29, 38, 39), espaço sub-

mandibular (9, 31), espaço postzigomático (31) e parótida (25).

Clinicamente aparece como uma massa fixa completa ou parcialmente submersa ou pediculada. No caso ora apresentado, estava parcialmente submersa. De consistência mole e côr amarelada.

«Pelo fato da gordura ser bom isolante, a superfície de muitos lipomas particularmente os maiores são mais frias do que a parte simétrica do outro lado do corpo» (37).

«O lipoma pode ser demonstrado por intermédio de um filme de raio-X a chamada tomografia» (30).

Este caso é descrito, por ser raro na bôca, pelo tamanho incomum e porque sômente 1/4 de seu volume era visível — uma possibilidade que deve estar presente sempre no planejamento cirúrgico.

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HISTÓRIA CLÍNICA

O.S.M., 52 anos, masc., brasileiro, casado, pedreiro.

Diz ter o tumor a 30 anos. Crescimento lento, não causando desconforto.

EXAME OBJETIVO

Tumor do palato mole, à direita, atingindo a linha mediana. A palpação mostrou tumor mole, bem delimitado. Paciente desdentado, na maxila. Dentes em bom estado, na mandíbula. Nódulos linfáticos normais, dois nevus na face.

CIRURGIA (feita pelo Prof. Dr. João E. Wagner)

Anestesia geral, infiltração com xilocaína a 0,5% no palato. Excisão do processo por meio de incisões concêntricas na base e dissecação com tesouras. Destacamento fácil, bem delimitado, repousando sobre o tecido muscular da região. Sutura dos planos profundos com catgut. Sutura da mucosa com mononylon 5-0

Antibiótico com enzima, analgésicos e colutórios orais. Três dias após, remoção dos pontos.

EXAME MACROSCÓPICO

Tumor medindo 4x4x2,5 cm, de cor amarelo-claro, salvo numa saliência onde é cinza-claro. Superfície lisa, com bossas. Macio ao corte.

ASPECTO MICROSCÓPICO

Células gordurosas adultas. Vasos de pequeno calibre no pouco conjuntivo presente. Diagnóstico histopatológico: lipoma.

RESUMO

Apresenta-se um caso de lipoma, no palato mole, de homem de 52 anos, com cerca de 30 anos de duração. O tumor apresentava-se semi-submerso, como um iceberg, mostrando apenas um quarto de seu volume, que era de 4x4x2,5 cm.

«Although the lipoma is one of the commonests of all neoplasms it is rare in the oral cavity» (6).

This tumor has mainly been described in the oral cavity in the following localisations: Lower lip (3, 24, 25), commissura (22, 36), vestibulum (17, 26, 33), gums (15, 20), diaphragm oris (1, 7, 11, 32), palate (4, 12, 16), tongue (1, 3, 21, 27, 38), under the tongue (14, 19, 31, 32), cheek (6, 8, 15, 29, 38, 39), submaxillary space (9, 31), postzygomatic space (31), and parotis (25).

Clinically it appears as a fixed mass, or might be completely or partially submerged or pediculated. It was submerged in our case. Its consistence was soft, its colour yellow.

«Because fat is good insulator, the surface of many lipomas particularly the larger variety feels cooler than the symmetrical part on the other side of the body» (37).

«A lipoma may be demonstrated by means of an x-ray film, so called lamellogram». (30).

We describe this case, as it is a rare one, in the mouth, as its size was uncommon, as because only 1/4th of its volume was visible — a possibility which has to be present in mind by the surgeon.

Clinical history

O.S.M., 52 years, male, Brazilian, married, bricklayer.

Reports having had the tumor for 30 years. It grows slowly, causing no discomfort. Objective examination: tumor of the soft palate, more to the right, reaching as far as the middle line. Palpation shows a mobile, protruding tumor. Colour yellowish. No upper teeth, teeth in the mandible in good state. Lymph nodes normal, two naevi of the face.

Surgery: general anesthesia, palate

infiltrated by 0,5% xilocaine. Excision of the process by means of concentric incisions at its base and dissection with scissors.

Easy detachment from the underlying muscular layers. Suture of the deep layers with catgut, of the mucosa with mononylon 5-0. Antibiotic with enzymes, analgesics, oral washings. Sutures removed after 3 days.

Macroscopic examination: Size of the tumor 4x4x2,5 cm, clear-yellow, except a light-grey spot. Soft, when cut.

Microscopic examination: Ripe fat-cells. Small vessels.

Diagnosis: Lipoma.

Summary:

Lipoma of the soft palate in a 52 years old man, of 30 years duration. Tumor of 4x4x2,5 cm was sunken into the surrounding tissues like an iceberg, showing only one-fourth of its size.

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Fig. 1 — Localização do lipoma.



Fig. 2 — Aspéto macroscópico