



## Pedunculated gluteal mass

Forceful compression made a small papule grow into this 3.5 × 4.5-cm mass.

A 30-YEAR-OLD MAN presented for evaluation of a solitary, flesh-colored, pedunculated mass on his right inner gluteal area (FIGURE) that had gradually enlarged over the previous 18 months. The lesion had manifested 4 years prior as a small papule that was stable for many years. It began to grow steadily after the patient compressed the papule forcefully. Activities of daily living, such as sitting, were now uncomfortable, so he sought treatment. He denied pain, pruritis, and bleeding and reported no history of trauma or surgery in the area of the mass.

On physical examination, the mass measured 3.5 × 4.5 cm with a 1.2-cm base. It was smooth, soft, nontender, and compressible—but nonfluctuant. There were no signs of ulceration or bleeding. No regional lymphadenopathy was noted. An excisional biopsy was performed.

- WHAT IS YOUR DIAGNOSIS?
- HOW WOULD YOU TREAT THIS PATIENT?

### FIGURE

Solitary, flesh-colored pedunculated mass



IMAGE COURTESY OF RICHARD P. USATINE, MD

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➤ The patient's compression of the original papule likely served as the trauma that led to its enlargement.

**Diagnosis:**  
**Fibrolipoma**

The biopsy confirmed a diagnosis of fibrolipoma—a rare variant of lipoma composed of a mixture of adipocytes and thick bands of fibrous connective tissues.<sup>1</sup> Etiology for fibrolipomas is unknown. Blunt trauma rupture of the fibrous septa that prevent fat migration may result in a proliferation of adipose tissue and thereby enlargement of fibrolipomas and other lipoma variants.<sup>2</sup> In this case, the patient's compression of the original papule likely served as the trauma that led to its enlargement. Malignant change has not been reported with fibrolipomas.

■ **What you'll see—and on whom.** Fibrolipomas typically are flesh-colored, pedunculated, compressible, and relatively asymptomatic.<sup>3</sup> They have been reported on the face, neck, back, and pubic areas, among other locations. Size is variable; they can be as small as 1 cm in diameter and as large as 10 cm in diameter.<sup>4</sup> However, fibrolipomas can grow to be “giant” if they exceed 10 cm (or 1000 g).<sup>2</sup>

Men and women are affected equally by fibrolipomas. Prevalence does not differ by race or ethnicity.

**The differential includes other lipomas and skin tags**

The differential for a mass such as this one includes lipomas, acrochordons (also known as *skin tags*), and fibrokeratomas.

■ **Lipomas** are the most common benign soft-tissue tumors and are composed of adipocytes.<sup>5</sup> The fibrolipoma is just one variant of lipoma; others include the myxolipoma, myolipoma, spindle cell lipoma, angiolipoma, osteolipoma, and chondrolipoma.<sup>2</sup> Lipomas typically are subcutaneous and located over the scalp, neck, and upper trunk area but can occur anywhere on the body. They are mobile and typically well circumscribed. Lipomas have a broad base with well-demarcated swell-

ing; fibrolipomas are usually pedunculated.

■ **Acrochordons (“skin tags”)** usually contain a peduncle but may be sessile. They range from 1 mm to 1 cm in diameter and typically are located in skin folds, especially in the neck, axillae, and inguinal areas.<sup>6</sup> Obesity, older age (> 50 years), and diabetes have been associated with occurrence.<sup>7</sup> Acrochordons generally are smaller than fibrolipomas and often occur in multiples.

■ **Fibrokeratomas** typically are benign, solitary, fibrous tissue tumors that are found on fingers and seldom are pedunculated. They are flesh-colored and conical or nodular, with a hyperkeratotic collar. Fibrokeratomas are smaller and thicker than fibromas, as well as firm in consistency. They are acquired tumors that have been shown to be related to repetitive trauma.<sup>6</sup>

**Treatment involves surgical excision**

The preferred treatment for fibrolipoma is complete surgical excision, although cryotherapy is another option for lesions < 1 cm.<sup>4</sup> Without surgical excision, the mass will continue to grow, albeit slowly.

This patient's mass was excised successfully in its entirety; there were no complications. Follow-up is usually unnecessary. JFP

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