

# Symmetric lipomas of the neck

## REPORT OF THREE CASES

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**S**OLITARY lipomas frequently develop throughout the body, but symmetric lipomas are rare. In 1888, Madelung<sup>1</sup> reported on symmetric lipomatosis in the neck, chin, and trunk, and since that time the condition has been reported infrequently.<sup>2-6</sup> The patients have each had a characteristic accumulation of fat in the cervical region, and in some patients there have been accumulations in the breasts, axillae, and groins. The lumps are usually painless, and patients may seek medical advice for cosmetic reasons. The etiology of benign symmetric lipomatosis is obscure. A high intake of alcohol in association with symmetric lipomatosis has been noted in some of the reports; to our knowledge no women have had this condition.

Our report concerns three patients with this kind of lipomatosis, two of whom underwent surgical treatment.

### Report of cases

**Case 1.** A 53-year-old man was examined at the Cleveland Clinic on February 26, 1964, because of cerebellar degeneration and vestibular vertigo. He had been both a heavy drinker and a heavy smoker.

The physical examination revealed multiple soft bulky tumors situated in the jaw, neck, upper arms, and breasts (*Fig. 1 A*), and the only symptom was discomfort in both arms, with abduction to 90 degrees. Serum lipid analysis was not performed.

The patient was admitted to the Cleveland Clinic Hospital and underwent surgical removal of lipomas in the arms and the neck; the results are shown in *Figure 1 B*.

**Case 2.** A 62-year-old man was first examined at the Cleveland Clinic on December 4, 1964. He had painless swellings situated symmetrically behind the ears, in the occipital region, beneath the chin, and at the base of the neck (*Fig. 2 A and B*). The patient was an alcoholic. Biopsy of the liver revealed changes compatible with nutritional cirrhosis.

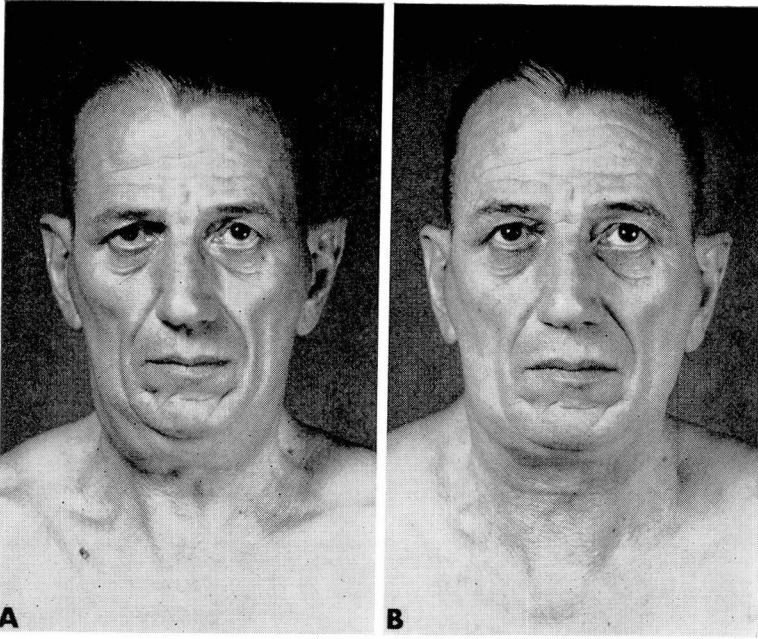
The patient underwent surgical excision of several lipomas; the results were excellent. Before a planned second-stage excision of additional lipomas could be performed, the patient died of coronary occlusion.

**Case 3.** A 57-year-old man was first examined at the Cleveland Clinic on February 26, 1968. He had noted soft, painless tumors in the chin, neck, upper parts of the arms, and enlargement of both breasts, for several years. He was a nonsmoker but a heavy drinker.

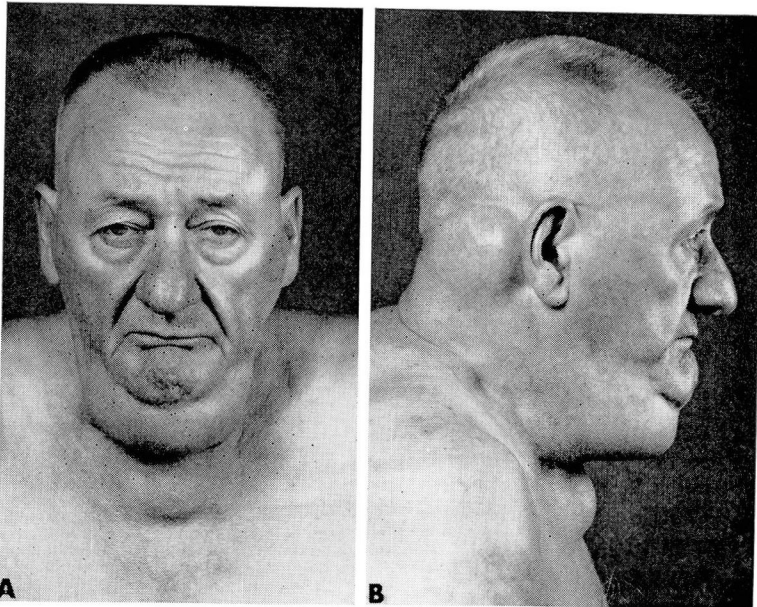
The physical examination revealed multiple, bulky, soft, subcutaneous swellings in the above-mentioned areas (*Fig. 3*). Liver biopsy showed fatty changes and increased portal fibrosis with nutritional cirrhosis. Serum analysis revealed an increased content of fatty acid and of uric acid concentration. Total serum lipid values were within normal limits.

The clinical diagnosis was symmetric lipomatosis. An elective surgical procedure to

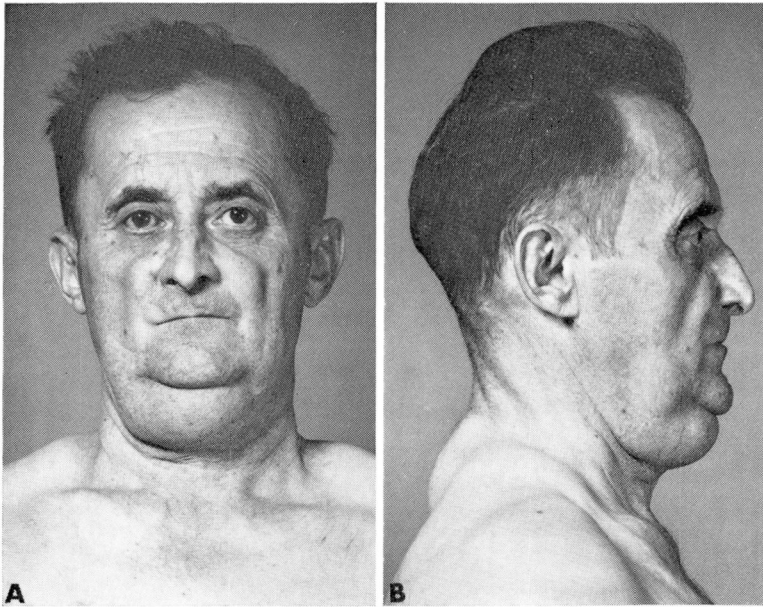
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**Fig. 1.** Case 1. A, Preoperative photo showing characteristic symmetric cervical lipoma. B, Postoperative photo.



**Fig. 2.** Case 2. Preoperative photos: A, demonstrates typical "horse collar" appearance; B, patient from the lateral aspect.



**Fig. 3.** Case 3. A, Anterior view of symmetric deposits of fat in supraclavicular and submental regions. B, Lateral view of the same.

remove some of the fat deposits was recommended, but the patient declined to undergo operation.

### Comment and conclusion

Benign symmetric lipomatosis is uncommon and the pathogenesis is not known. Three cases are reported; the patients were men, each with a history of alcoholism. Two of the patients had nutritional cirrhosis verified by biopsy of the liver, and two underwent operations to remove the fatty tumors for cosmetic reasons.

### References

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