

AWAKE LARGE SHOULDER LIPOMA EXCISION WITH TUMESCENT LOCAL ANAESTHESIA (TLA)

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Introduction: Lipomas are frequently benign and constitute approximately 50% of all soft-tissue tumours. Most common sites are the subcutaneous tissue of the neck, shoulders and back¹. Large lipomas are best excised under general anaesthesia, as more local anaesthesia than is safe to inject may be required for complete excision. In cases of high-risk for general anaesthesia, TLA is an achievable, effective and safe method. We present a case of large shoulder lipoma excised with TLA.

Discussion: A 66-years-old lady presented with 2 years history of gradually increasing, painless, left shoulder swelling with no constitutional symptoms. Examination revealed a circumscribed left shoulder swelling approximately 10 x 10cm extending to axilla with positive lobulation and slip sign. There was no limitation of movement at shoulder joint. The mass was pre-operatively reported as a lipoma with no malignant features " based on ultrasonography and magnetic resonance imaging (MRI). The patient had mass over palate (which she refused for biopsy) that compromising the airway putting her as a high-risk candidate for general anaesthesia. The patient's outcome was excellent following excision using 50ml of the tumescent solution (containing 240mg 0.5% Lidocaine, 1mg 1:100000 Adrenaline and 2ml 8.4% Na bicarbonate with 0.9% NS mixture cocktail). Intraoperatively, there was subcutaneous fatty mass of about 15cm x 12cm x 5cm which demonstrated minimal bleeding throughout procedure. Histopathology confirmed lipoma.

Conclusion: In TLA, the saline balloons fat tissue allows the lipoma to be demarcated and elevated from its base, epinephrine causes vasoconstriction with impressive bloodlessness and lidocaine induces local anaesthesia². Judicious patient selection for total excision or large lipomas under TLA can be performed safely in an outpatient setting.