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Masked Aggression- Gradual Malignant Transformation of Supraclavicular Lipoma into Liposarcoma

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Introduction

Lipomas are the most common benign mesenchymal soft tissue tumors, typically seen in middle-aged and elderly individuals. Liposarcomas, in contrast, are aggressive and malignant adipocytic neoplasms, representing a rare but significant threat when developing in unusual locations like Supraclavicular region.

Although lipomas are usually slow-growing and asymptomatic, deep-seated or giant lesions may mimic malignancy.

Objective

To highlight the rare phenomenon of masked aggression, where a long-standing supraclavicular lipoma undergoes gradual malignant transformation into liposarcoma. This presentation aims to emphasize diagnostic challenges, red-flag clinical features, and the importance of early intervention to prevent delayed recognition of malignancy.

Case Details

- A 40-year-old male presented with a painless swelling over the left Supraclavicular region for 4 months, showing rapid enlargement in the last 2 weeks.
- On Examination: A 7× 5 cm, firm, irregular, pseudo-fluctuant, non-tender mass over the left Supraclavicular region with pinchable skin.

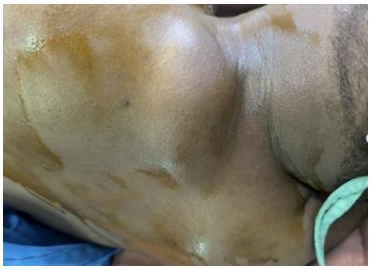

Figure 1:

Investigations

- **Imaging (USG):** well-defined heterogeneously hypoechoic subcutaneous lesions within the Supraclavicular region, measuring 6.8 x 4.5 cm, initially suggestive of Subcutaneous lipoma.
- **Surgical Management:** Complete excision of both lesions performed and sent for histopathological evaluation.
- **Histo-pathology:** Malignant adipocytic neoplasm composed of lipoblasts and pleomorphic adipocytes arranged in lobules and fascicles with myxoid stroma and delicate branching capillaries ("chicken wire" pattern) — consistent with myxoid liposarcoma.
- **Immunohistochemistry:** MDM2 and CD34 positive, confirming the diagnosis.

Discussion

1. Liposarcomas are malignant adipocytic tumours, accounting for about 20% of adult sarcomas.
2. Supraclavicular region involvement is extremely rare.
3. Patients usually present with a painless, slow-growing swelling; rapid enlargement may signal increased cellularity or transformation.
4. Ultrasonography typically shows a well-defined hypoechoic lesion with internal septations and minimal vascularity, while MRI better defines depth and extent.
5. Histopathology reveals lobules of atypical adipocytes and lipoblasts in a myxoid stroma with branching vasculature. MDM2 and CD34 positivity on immunohistochemistry confirms lipogenic origin and helps rule out benign lipoma or other myxoid sarcomas.
6. Wide local excision with negative margins is the treatment of choice; adjuvant radiotherapy is advised for high-grade or recurrent cases.

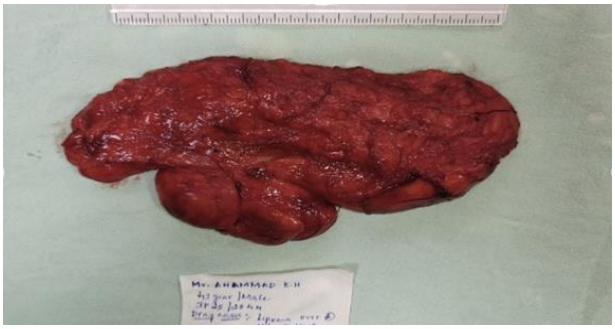

Figure 2:

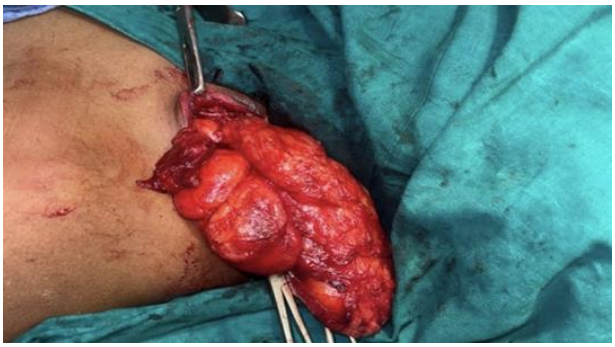

Figure 3:

Conclusion

- Supraclavicular liposarcomas are rare, often misdiagnosed as lipomas.
- Subcutaneous myxoid liposarcoma 3 of the Supraclavicular region is an uncommon entity that should be considered in the differential diagnosis of rapidly enlarging intramuscular swellings.
- Early surgical excision with histopathological evaluation is vital for accurate diagnosis.
- IHC confirmation (MDM2, CD34) ensures subtype classification and guides prognosis.
- Early and complete surgical excision remains the cornerstone of management to reduce recurrence risk.
- Awareness and timely recognition by clinicians and pathologists are crucial for optimal treatment

outcomes. Clinical vigilance prevents delay in diagnosing potentially aggressive soft-tissue sarcoma.

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