INTRODUCTION

Lipomas are benign, mesenchymal tumors consisting of mature adipocytes arranged in lobules and separated by septa of fibrous connective tissue. Recognized variants include: fibrolipomas, angiolipomas, myolipomas, spindle cell lipomas, chondroid lipomas, osteolipomas, and chondrolipomas. 1

Chondrolipomas are rare histologic variants defined by mature cartilaginous metaplasia within the lesion. They are rare in general but even more so in the head and neck. 2-8 We present a case of a chondrolipoma arising in the masseter muscle.

CASE PRESENTATION

A 51 year-old African American female presented to a tertiary otolaryngology clinic with a 9-month history of an enlarging right-sided cheek mass. Her exam demonstrated a non-tender, 4cm, firm, well circumscribed mass overlying the body of the zygoma. Facial nerve function was intact. An MRI performed prior to referral demonstrated a 4.1-cm heterogeneous, enhancing mass involving the right masseter muscle with infiltration of the right temporalis muscle. The decreased central signal intensity was suggestive of calcification and raised concerns for a possible soft tissue sarcoma. A contrasted CT scan showed a well defined, non-invasive intramasseteric mass with no central calcification.

Fine needle aspiration biopsy was obtained and showed mature adipocytes consistent with a lipoma. However, findings on imaging were inconsistent with this diagnosis. Therefore, an excisional biopsy was recommended, and the mass was removed through a parotidectomy incision. Grossly the lesion was tan and well circumscribed with a firm center. Histopathology demonstrated mature adipocytes and mature cartilage consistent with a chondrolipoma.

CONCLUSIONS

Chondrolipomas are rare tumors of the head and neck and to our knowledge we present the first case of one arising within the masseter muscle. Although benign, the heterogeneity of these lesions on imaging makes distinguishing them from sarcomas of similar histology with imaging alone difficult. Well-differentiated liposarcomas frequently demonstrate a largely lipomatous mass with non-lipomatous components on MR and CT. 9 Similar finding on MRI are commonly seen in chondrosarcomas as well.10 Therefore, excisional biopsy is recommended.

REFERENCES