
연도	1998	2001	2002	2003	2004	2005
인원	5	12	12	12	12	12
수술	45.8	4	8	5	5	5
비율	63.3	33.3	66.7	41.7	41.7	41.7
비율	33.3	33.3	33.3	33.3	33.3	33.3
비율	33.3	33.3	33.3	33.3	33.3	33.3

11).
 가 4). ()
 가 , , 가)
 가 1).

가

12

4, 8

20 가 1, 20 ~ 30 1,

30 ~ 40 1, 40 ~ 50 4, 50 ~ 60 4, 60 ~ 70 1

45.8

1 18 4.1

(MRI)

1998 10 2000 12 가

Table 1. Patients data

Sex/ Age	Site	Radiologic finding	Recurrence	Biopsy	Symptome	Affected muscle atrophy	Capsulation	Symptome duration
1 F/37	Lt. humerus	intramuscular lipoma	not	lipoma	pain, tenderness	yes-severe	yes	1 year
2 F/42	Lt. forearm	intramuscular lipoma	not	lipoma	palpable mass	yes	yes	3 years
3 M/60	Rt. proximal radius	intramuscular lipoma	primary	lipoma	radial n. palsy	yes	yes	5 years
4 F/69	Lt. buttock	huge mass in gluteus maximus	primary	lipoma	palpable mass	yes	yes	4 years
5 F/28	back	R/O congenital aggressive lipomatosis	recur	Intramuscular lipoma, infiltration	palpable mass	yes	no	9 years
6 F/12	paravertebral (L1/L3)	intramuscular lipoma	primary	myxoid lipoma	palpable mass	yes	no	1 year
7 F/48	Lt. upper arm-triceps	intramuscular lipoma	primary	lipoma	neuropathy-ulnar side tingling	yes	yes	1 year
8 M/49	Rt. thigh-rectus m.	fat tissue infiltration in rectus m.	primary	lipoma	palpable mass	no	yes	2 years
9 M/52	Rt. upper arm-deltoid m.	intramuscular lipoma	primary	Lipoma	pain	no	yes	3 yrs
10 M/63	Rt. back-trapezius	intramuscular lipoma	primary	Lipoma	limit of motion	yes-severe	yes	18 years
11 F/49	Rt. thigh-vastus medius	intramuscular lipoma	primary	Intra muscular lipoma	palpable mass	no	no	1 year
12 F/51	Rt. thigh	infiltration in vastus medialis m.	primary	intramuscular lipoma	pain	yes	yes	1 year

11

가 1

1

가

가

1 5

(Fig 1.)

28.0

가

가 7

5 가

가 (Fig 2.)

(pleomorphism)

(mitotic figure)

가

가

7

7

5

가

3.0 cm

18.5 cm

가 5 ,
1

가 3 ,

가 3 ,

가

가 7

가

가 3 ,

가 3 ,

가 가



Fig. 1. 51 year-old female with palpable mass and pain on thigh for 1year. T1 weighted coronal and axial MRI showing high signal intensity mass and intramuscular mass.

4
11

1946 Regan
(Infiltrating lipoma)

1853 Paget
. 가

Klansdorf 7) Crim 3)

1)
8 (66.6%) 가

가

1
2 ,
1 가

가

가

가

가

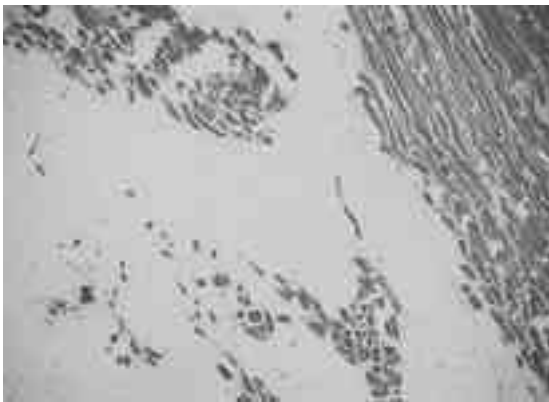


Fig. 2. Photomicrograph of histological section of the tumor, which lipocytes growing between the cells of the skeletal muscle(H&E staining, × 100).

가 6,9) Berquist

2)

가

6)

(collagenous)
(connective tissue stroma)

(hypercellularity) (mitotic figure)
(cellular pleomorphism)

5)

(intermuscular lipoma),
(benign lipoblastomatosis),
(intramuscular myxoma), (Hibernoma)
(spindle cell lipoma)

12)

가 ,

(spindle shape) (stellate shape)
(embryonal lipoblasts)가
(myxoid stroma)

(multivacuolated fat cell)

(back)

12)

(Intramuscular myxomas)
 (small stellate cells with
 abundant myxoid stroma)가

가
 (spindle cell)

8,10)

가 가 1

가

가

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Abstract

Infiltrating Intramuscular Lipoma

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Purpose: To suggest an accurate diagnosis and treatment of infiltrating intramuscular lipoma by analysis of the clinical, biological, radiological and pathological features.

Materials & Methods: 20 patients who treated at our hospital for infiltrating intramuscular lipoma from 1998. to 2001 were selected for this study. Mean age was 45.8 years old. Four were male and eight female.

All cases were checked preoperative radiographs, MRI and diagnosed by biopsy. The methods of surgical treatment included excision of tumor and peripheral tissue. We assessed the recurrence by follow up.

Results: Tumors located in upper limbs 5 cases, lower limbs 3 cases, abdomen 3 cases, gluteal region 1 case. In preoperative radiographs, infiltrating intramuscular type were 7 cases. In 11 cases, tumors were completely excised with peripheral tissue. 1 cases was incompletely excised because it was very huge mass and infiltrated lung . Encapsulated tumors were 3cases and unencapsulated tumors 9 cases. There were no recurrence excepts 1 case that was infiltrated lung.

Conclusion: Infiltrating intramuscular lipoma was wrongly diagnosed as well differentiated liposarcoma. To increase the rate of correct diagnosis, preoperative radiographs, MRI and pathologic diagnosis were performed. Careful wide excision is necessary to prevent the recurrence.

Key Words : Lipoma, muscle, Infiltrating

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