

NAEVUS LIPOMATOSUS SUPERFICIALIS OF HOFFMAN AND ZURHELLE

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A 45-year-old male presented with a large yellowish irregular surfaced tumour of 5-years duration, situated over lower back. There were comedo like lesions over it and a few nodules on top showed necrosis. A diagnosis of naevus lipomatosus superficialis was made. Histopathology revealed presence of mature adipose tissue interposed with bundles of collagen within the reticular dermis. Late appearance, large size, extension beyond midline, comedolike lesions were some unusual features observed in this rare disorder.

Key Words : Naevus lipomatosus Superficialis, Late onset, Ulceration

Introduction

Naevus lipomatosus superficialis is a rare idiopathic abnormality characterized by isolated dermal collection of adipose tissue.¹ Clinically there are two types of presentations. The classic form, as described first by Hoffman and Zurhelle,² is characterized by grouped soft fleshy skin coloured or yellow nodules, most commonly found over lower back, buttocks and hips. Usually they are present from birth. The second, less common form is a solitary domed or sessile papule developing mostly in adults and have been reported to occur over several other sites apart from lower back.^{3,4} We report a classical case of naevus lipomatosus superficialis with some unusual features.

Case Report

A 45-year-old male presented with a large yellowish irregular surfaced tumour of 5-years duration. The lesion started as a small yellowish sessile nodule which gradually increased in size. He also reported ulceration

in the upper part of the lesion for the last 1 month which was now healing with scarring. The patient was otherwise healthy and had no other complaints. There was no family history of similar kind of disease.

Examination revealed a large circular yellowish tumour of about 15 cm diameter having a cerebriform appearance (Fig. 1). The lesion was situated over the skin overlying the vertebrae L₂ and L₃ extending beyond the vertebral column on both sides. Individual nodules were soft and independently pedunculated but they could not be separated out from the main lesion. A few nodules on the top of the lesion were showing necrosis (Fig. 1) and it emitted rancid odour.

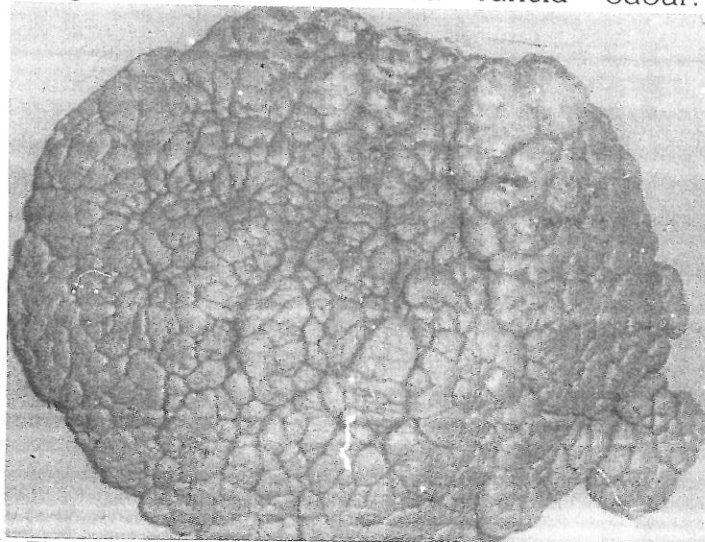


Fig. 1. Showing a large circular yellowish tumour with cerebriform surface. Few nodules on top showing necrosis.

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Comedolike plugs were noticed over many of the nodules.

Histopathological examination of biopsy specimen showed normal epidermis, with thinning of papillary dermis. Within the reticular dermis, mature adipose tissues were interposed with bundles of collagen. Fat cells at places were forming sleeves around and compressing the tortuous blood vessels in papillary and reticular dermis.

A second biopsy from the ulcerated site showed relatively more compressed blood vessels by fatty tissue with sloughing out of epidermis and dermis containing polymorphonuclear lymphocytic infiltrate.

Comments

Naevus lipomatosus superficialis is a rare disorder.^{5,6} So far only about 60 cases have been reported, the largest series is that of 20 cases.⁶ Idea of the present communication was to highlight some of the unusual observations like late appearance, large size, extension beyond midline and comedo like plugs seen in our patient.

Though late onset is well known in solitary form, in classic type lesions are either present from birth or from childhood.² Onset at fourth decade as in our case is extremely rare and so far only 2 such cases have been reported.^{5,6}

Only rarely the lesions cross the midline⁷ as was seen in our patient.

Ulceration is only occasionally seen.⁸ It

probably results from ischaemia due to compression of dermal capillaries, as in our case rather than external trauma mentioned by other workers.

Regarding its pathogenesis, whether this is due to deposition of adipose tissue secondary to degenerative changes in the dermal collagen and elastic tissue,² or it is true naevus resulting from the focal heterotropic development of adipose tissue is yet to be settled.

References

1. Abel R, Dougherty JW. Nevus lipomatosus cutaneus superficialis (Hoffman-Zurhelle). *Arch Dermatol* 1962; 85 : 132-4.
2. Hoffman E, Zurhelle E. Uber einen Naevus lipomatosus cutaneus superficialis des linken Giltaalgegend. *Arch Dermatol Syphilol* 1921; 130 : 327-33.
3. Satyanarayana V, Weitzner S. Solitary nevus lipomatosus cutaneus superficialis of the knee. *Arch Dermatol* 1978; 114 : 1226-7.
4. Weitzner S. Solitary nevus lipomatosus cutaneus superficialis of scalp. *Arch Dermatol* 1968; 97 : 540-2.
5. Dotz W, Prioleau PG. Nevuse lipomatosus cutaneouse superficialis - a light and electron microscopic study. *Arch Dermatol* 1984; 120 : 376-9.
6. Jones EW, Marks R, Pongschirun D. Nevus superficialis lipomatosus - a clinical pathological report of twenty cases. *Br J Dermatol* 1975; 93 : 121-33.
7. Robinson HM, Ellis FA. Naevus lipomatosus subepidermalis seu superficialis cutis. *Arch Dermatol* 1937; 35 : 485-8.
8. Girglia HS, Bhattacharya SK. Naevus lipomatosus cutaneus superficialis. *Int J Dermatol* 1975; 14 : 273-6.