



# PARAPHARYNGEAL SPACE FIBROLIPOMA

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**INTRODUCTION:** Large parapharyngeal space tumors pose challenging management problems. We present a case of a fibrolipoma in the parapharyngeal space, explaining the approach and surgical treatment.

**CASE:** A 60-year-old woman was referred to our clinic with a 1-year history of progressive mass in the left side of the face, and foreign body sensation in the left side of throat. On physical examination, a 4x4 cm mass located in the left parotid location was felt, which was soft on palpation and did not adhere to the overlying skin. There was no facial paresis. Other head, neck and systemic examination findings were normal. Contrast computed tomography (CT) scan showed a hypodense, regular-surfaced, homogeneous mass located in the left parapharyngeal space. This mass extended laterally to the retromandibular area and displaced the parotid gland to the same plane (Fig. 1).

Fig. 1: Axial section of CT scan showing an homogenous low-attenuation mass extending from the PPS and displacing the parotid gland laterally.

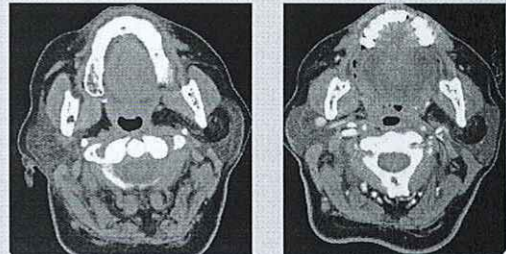


Fig. 2: Transparotid approach.



Fig. 3: Removal of the mass after total parotidectomy

A provisional diagnosis of lipoma was made, differentiating it from a liposarcoma based on well-maintained planes with adjacent structures. A fine-needle aspiration biopsy with ultrasound was then performed, but resulted inconclusive. Under general anesthesia and facial nerve monitoring, the parotid gland was exposed through a modified Blair incision. Then, we removed the mass through a transparotid approach with full exposure of the facial nerve and its branches.

After superficial parotidectomy was done, the deep lobe was also removed, including the periparotid lymphatic nodes and preserving the facial nerve (Fig. 2, 3). Then, the mass was exposed and totally removed. No complications occurred during surgery. Histopathology confirmed the specimen as adipose tissue with collagen fibers and nests, suggesting a fibrolipoma, with negative lymphatic nodes (Fig. 4). Postoperatively, after a transient paresis of the marginal nerve, the patient has been under control for two years with no recurrence, so far.



Fig. 4: Specimen tumor.

## DISCUSSION:

There are few cases of parapharyngeal fibrolipoma in the literature. Different approaches may be planned to treat them. In this case, the transparotid approach was an easy and effective way to remove it, without minimal incidents.

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