INTRODUCTION

One of the most typical soft tissue tumors is likely a lipoma, which can develop anywhere in the body. On occasion, an amalgamation of additional mesenchymal components that constitute an inherent component of the tumor can identify a histological subtype. A fibro lipoma is one instance of a tumor with a sizable amount of fibrous tissue. This tumor's cause is unclear.\(^1\) Comparing a histological variety to a classic lipoma, they are relatively uncommon. The extremely uncommon subtype fibro lipoma makes up 1.6% of all head and neck lipomas.\(^2\) Most common sites of occurrence for head and neck fibrolipomas are the posterior subcutaneous neck, while a few cases have been reported in the oral cavity.\(^3\) The rarity of several fibrolipomas dispersed around the facial area still has to be further investigated.

Regarding the prevalence of numerous fibrolipomas, very few case reports were discovered. To the author's knowledge, however, no instances of numerous fibrolipoma cases in the facial region have ever been documented throughout this publication. Therefore, for example, numerous fibrolipoma in the facial region, which is rare, appears presented.

The histopathological investigation used to diagnose fibro lipoma revealed a benign tumor categorized as a histological variant of a typical lipoma. The buccal mucosa is the most common location for their typical presentation, which consists of superficial lesions or well-circumscribed, slow-growing submucosal masses.\(^4\) Numerous lipoma variations have been identified histologically, including angiolipoma, fibrolipoma, chondroid Lipoma, myxolipoma, spindle cell/pleomorphic Lipoma, diffuse lipomatous proliferation (lipomatosis), and hibernoma.\(^5\)

The preferred course of treatment entails a thorough surgical resection followed by a thorough histological examination. Corticosteroid injections may be explored as a medical treatment to cause lesion atrophy.\(^6\) When surgery is properly done, the prognosis for lipomas is generally good, and recurrence is unlikely.\(^7\) This case report aims to inform the reader about diagnosing instances and determining the most appropriate course of therapy.

CASE PRESENTATION

Sixty-nine years old females complained of lumps on the nose and cheeks since 2.5 years ago. The lump is not itchy or painful. Initially as a small lump, then grew in size and number, eventually covering the nostril areas. Because of the lumps, the patient has a difficulty of breathing. No lumps appear on other parts of the body. Family history with the same complaint was denied. Seventeen years ago, the patient had yellowish plagues around the eyes and skin graft surgery was performed. Patients had a history of hypertension without prior medication. The patient did not routinely check cholesterol levels but said cholesterol levels were often high. The physical examination of dermatological status revealed in the forehead region (frontalis): multiple yellowish plaques, unsharply marginated, size vary 0,5 cm – 1 cm. Zygomatic dextra sinistra region: multiple yellowish plaques, unsharply marginated, size vary 0,5 cm – 1 cm. Nasal Region: multiple yellowish plaques, unsharply marginated, size vary 0,5 cm – 1 cm. The preferred course of treatment entails a thorough surgical resection followed by a thorough histological examination. Corticosteroid injections may be explored as a medical treatment to cause lesion atrophy. When surgery is properly done, the prognosis for lipomas is generally good, and recurrence is unlikely. This case report aims to inform the reader about diagnosing instances and determining the most appropriate course of therapy.

BACKGROUND

The appearance of noticeable strands of developed fibrous tissue bridging the fatty lobules is a characteristic of fibrolipoma. Despite being general, clinicians should be aware of the different fibrolipoma imaging findings to identify the patients. This case study aims to evaluate the rare case of multiple fibrolipoma of the face.

CASE PRESENTATION

We presented a 69-years-old female with multiple fibrolipoma in the facial area. The presence of a fibrolipoma has been confirmed through laboratory and physical examination. Fibrolipomas that develop in the nasal area and obstruct the patient's airway is initially treated with cautery therapy.

CONCLUSION

The occurrence of multiple fibrolipomas in the facial area is a very rarely reported case. Treatment using cautery is recommended in such cases. Results were satisfactory, without any post-operative issues or fibro lipoma recurrence.

Keywords: Cauterization, Fibrous Tissue, Lipoma, Soft Tissue Tumor.

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patient’s airway, which the fibrolipoma had blocked. After that, more examination was done to ensure that the fibrolipoma had not occurred. Post-operative care after surgery is shown in Figure 3.

DISCUSSION

The finding of multiple fibrolipoma on the face is a very rare case. Reports of these cases have not been found in various works of literature. Lipoma is an abnormal growth of adipose cells that often develops in the subcutaneous tissue of the proximate limbs and trunk, most commonly in middle age. It is an encapsulated mass of mature adipocytes. Based on their morphology and distinctive molecular traits, these tumors are subcategorized as conventional Lipoma, fibrolipoma, angiolipoma, spindle cell lipoma, and myelolipoma. A rare microscopic lipoma variety known as fibrolipoma has mature adipose tissue surrounded by thick fibrous connective tissue. The etiological components are assumed to be a congenital condition, endocrine imbalances, the degeneration of fibromatous tumors, or the growth of lipoblastomatosis. Fibrolipomas grow faster than their conventional counterparts.

Once the tendency is present in the facial area, it can be quite challenging to differentiate between liposarcoma and fibrolipoma. Even though oral liposarcomas are extremely uncommon, a clinical examination might differentiate them from the other benign variant. Consequently, a thorough histopathologic examination is essential. The differential diagnosis is based on detecting areas lacking lobular architecture, areas with prominent fibrosis, and, more pressingly, the involvement of multivacuolated adipose cells with indented nuclei (lipoblasts), which seem to be typically present in liposarcoma in varying proportions.

Surgical excision, including capsular dissection, which is linked with a rare recurrence, is the preferred treatment for fibrolipoma. Nasal septal fibrolipoma affects the submucosal tissue of the nasal septum in which it attaches, and the entire mass should be removed along with it. In our case, the fibrolipoma was removed with the cauterization technique. According to

Figure 1. Dermatological status of the patient. (A) Forehead region and (B) Nasal region.

Figure 2. Histopathology examination result. (A) Hematoxylin-eosin staining, original magnification 100 (B) Hematoxylin-eosin staining with original magnification 400 times.

tender, the size varies from 1cm – 3cm. The dermoscopy examination was done with the result bright yellow area over an opaque yellowish background. The initial assessment of the patient is Lipoma with the differential diagnosis of Xanthoma and Neurofibroma. The case presentation of the patient can be seen in Figure 1.

Laboratory examination showed none of the significant results. This patient is overweight and has a history of uncontrolled hyperlipidemia. Serial cautery excision (preferably lesions that block up the nostrils) was done with Cefixime 100mg twice daily for post-operative antibiotics. The histopathology examination showed rete ridge atrophy, which shortens to flatness in the epidermis. Furthermore, in the dermis was found a proliferation of mature fat cells with flattened nuclei pushed to the edge and a proliferation of fibroblasts with flattened spindle nuclei. The conclusion is Fibrolipoma, as shown in Figure 2.

After the examination mentioned above, the patient was identified as having numerous fibrolipoma in the facial region. The following step was to remove the fibrolipoma from the nasal area using the cauterization technique to restore the
the study, there has never been a report on the use of cautery for fibrolipoma. The diode laser technique was present in the study for fibrolipoma. As a result of intraoperative benefits (such as reduced bleeding and no need for sutures) and post-operative benefits, laser surgery and cautery appear more practical than traditional blade surgery.

Furthermore, as highlighted in the current study, regressive tissue changes brought on by the diode laser's thermal cut are typically insignificant, allowing for an acceptable histological examination and an accurate diagnosis.12,16 Further follow-up was performed on the patient after cauteryization, and no recurrence of the fibrolipoma was found. The use of cauteryization in fibrolipomas may be an adequate treatment option for the future, with the advantages of minimal lesions and bleeding and the absence of recurrence of the fibrolipoma.

The need for additional studies to specifically analyze cautery therapy, which is thought to be more effective than conventional surgery in general, especially in the minimal aspect of bleeding, and the recurrence rate has not been identified in this component, is a final limitation of this case study based.

CONCLUSION
A rare occurrence that has even been recorded involves several facial fibrolipoma. The existence of this case report makes it a distinct piece of learning material for diagnosis and treatment. An initial concern regarding the possibility of respiratory system diseases should be the development of fibrolipoma in the nasal region. Given its minimum invasiveness, lack of recurrence, and lack of problems during and after the surgery, cauteryization for cases of fibrolipoma may be an alternative.

CONFLICT OF INTEREST
The authors declare that there is no competing interest regarding the manuscript.

ETHICAL CONSIDERATION
A subject voluntarily consented to the study's publication, understanding that the patient's identity would remain private. ICMJE (International Committee of Medical Journal Editors) ethics approval has been obtained.

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AUTHOR CONTRIBUTION
Commencing with the planning and ending with the report's publication, all writers participated in this study.

REFERENCES