

Clinical Image

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Atypical presentation of lipoma in left groin resembling as 3rd testis**Priya Ghoniya^{1*}; Snehal Sonani²; Tukaram Sambhaji Dudhamal³**¹MS (Ayu.), FMAS (Private Practitioner), India.²Assistant Professor of Shalya Tantra, GJ Patel Ayurveda College, India.³HOD of Shalyatantra, ITRA, Jamnagar, India.***Corresponding Author: Priya Ghoniya**

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Introduction

Lipoma are benign adipose tumor which usually present in the subcutaneous tissues. Lipomas are characterized as slow-growing, soft, mobile, round and asymptomatic masses on the head, neck, shoulders, and the back. They usually develop between the ages of 40-60. Apart from these common locations this universal benign tumour can be observed at some rare location is planter aspect of foot [1]. Groin lipoma is a rare condition. This benign tumour (i.e. lipoma) never converts in malignant so patients ignore it and lastly presented with big cystic swelling.

A 43 years male patient came to OPD of Shalya Tantra at ITRA, Jamnagar with the complaint of recurrent painful boil at perianal region with pus discharge since 6 months [2]. On local examination patient was diagnosed as perianal abscess. During local examination, painless cystic swelling was found at left groin (Figure 1). Then detailed history was taken about that swelling which was present since 3-4 years. On local examination, single, soft, pedunculated cystic swelling was found which was movable. Trans-illumination test was negative. On the basis of clinical findings and appearance, it is difficult to diagnose. So patient was advised for USG Local part (Left Groin) which suggests Lipoma. Then patients was advised to admitted for the

further management of perianal abscess and Lipoma in groin. Under spinal anesthesia, perianal abscess was drained and Lipoma was excised with surgical blade no. 15 followed by electrocautery (Figures 2,3). After that subcutaneous interrupted suturing done with Vicryl 2-0 followed by skin closure with Ethilon 3-0 interrupted suture (Figure 4). Then the patient was shifted to ward with stable vitals. After 3-4 days, patient came with burst wound at left groin. On examination, slough was present at the floor of wound (Figure 5). Patient was advised for regular dressing and wound was kept open for secondary healing as site was not appropriate for suturing. The case was managed with regular cleaning and dressing with Jatyadi Taila. Wound was completely healed after 15 days (Figure 6).

References

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2. Dudhamal TS, Dangar MS. Excision of big lipoma in popliteal fossa which mimics to Backer's cyst- *Clinical images*. *Int. J AYUSH CaRe*. 2018; 2(4): 35-39.



Figure 1: Clinical images.