#### CLINICAL IMAGE

# Avoiding invasive surgical procedures for a slow-growing asymptomatic huge anterior mediastinal lipoma under watchful waiting

So Motomura<sup>1,2</sup> | Shun Yamashita<sup>1</sup> | Masaki Tago<sup>1</sup> | Shu-ichi Yamashita<sup>1</sup>

<sup>1</sup>Department of General Medicine, Saga University Hospital, Saga, Japan <sup>2</sup>Department of General Medicine, Yuai-Kai Foundation & Oda Hospital, Kashima, Japan

#### Correspondence

Shun Yamashita, Department of General Medicine, Saga University Hospital, 5-1-1 Nabeshima, Saga 849-8501, Japan. Email: sy.hospitalist.japan@gmail.com

**Funding information** Not applicable

#### Abstract

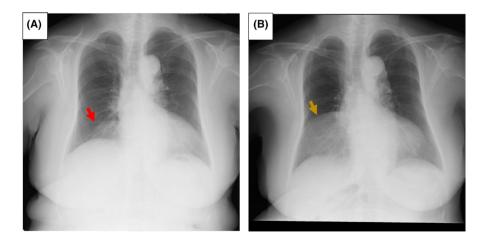
A mass shadow in the right lower lung field was detected by chest X-ray in a 79-year-old woman, which was eventually diagnosed as anterior mediastinal lipoma. She remained under watchful waiting without surgery for 9 years without developing symptoms, even though the lipoma had grown to an extremely large size.

#### **KEYWORDS**

anterior mediastinal lipoma, asymptomatic mediastinal tumor, intrathoracic lipoma, thoracic huge mass lesion, watchful waiting

# **1** | CASE PRESENTATION

A 79-year-old woman underwent chest X-ray, which revealed a mass shadow in the right lower lung field (Figure 1). Thoracic computed tomography (CT) revealed a homogenous (-100 Hounsfield units) mass lesion measuring 17.4 cm  $\times$  4.5 cm  $\times$  6 cm in her right anterior mediastinum (Figure 2A). Being asymptomatic, she was managed under watchful waiting for 9 years. Follow-up recent CT showed that the mass lesion



**FIGURE 1** Findings of the chest X-ray. (A) on her first visit, (B) nine years later. Chest X-ray showed a mass shadow in the right lower lung field (red arrow). The mass shadow has significantly grown in the past 9 years (yellow arrow)

All authors meet the ICMJE authorship criteria.

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2021 The Authors. Clinical Case Reports published by John Wiley & Sons Ltd.

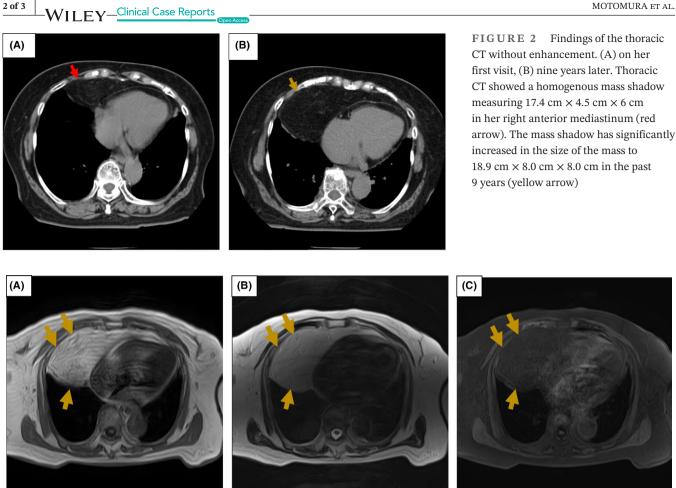


FIGURE 3 Findings of the recent MRI. (A) T1-weighted image, (B) T2-weighted image, (C) Fat suppression technique image. MRI showed a homogenous mass with smooth edge, with the signal intensity reduced by the fat suppression technique (yellow arrow). These findings suggested the diagnosis of mediastinal lipoma without component of liposarcoma

increased to 18.9 cm  $\times$  8.0 cm  $\times$  8.0 cm (Figure 2B). T1and T2-weighted images on magnetic reasoning image showed a homogenous mass with smooth edge, with the signal intensity reduced by the fat suppression technique (Figure 3).

#### DISCUSSION 2

Mediastinal lipoma is a type of intrathoracic lipoma. Although a symptomatic intrathoracic lipoma requires removal,<sup>1,2</sup> surgery for an asymptomatic intrathoracic lipoma is controversial. Surgical resection of huge intrathoracic lipomas could injure adjacent structures, such as nerves or vessels. Furthermore, there are reports of asymptomatic intrathoracic lipomas successfully managed by a conservative approach.<sup>2</sup> Specifically, an asymptomatic mediastinal lipoma, even when extremely large, could be managed under watchful waiting, as in our patient, who remained asymptomatic for 9 years, until the age of 88 years, with unimpaired activities of daily living.

#### ACKNOWLEDGEMENT

We thank Jane Charbonneau, DVM, from Edanz Group (https://en-author-services.edanzgroup.com/ac) for editing a draft of this manuscript.

#### **CONFLICT OF INTEREST**

The authors state that they have no conflict of interest (COI).

### **AUTHOR CONTRIBUTIONS**

SM involved in concept, literature search, and drafting of manuscript. SY and MT involved in concept and literature search. SI-Y involved in concept and revision of the manuscript.

#### CONSENT

The written consent was obtained from the patient for the publication.

# DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

WILEY

# ORCID

So Motomura https://orcid.org/0000-0002-9745-4425 Shun Yamashita http://orcid.org/0000-0002-5143-8665 Masaki Tago https://orcid.org/0000-0003-1092-1834

# REFERENCES

- 1. Sakurai H, Kaji M, Yamazaki K, Suemasu K. Intrathoracic lipomas: their clinicopathological behaviors are not as straightforward as expected. *Ann Thorac Surg.* 2008;86:261-265.
- 2. Khatib M, Soldin MG. Giant intrathoracic lipoma presenting as a lump in the supraclavicular fossa. *Ann R Coll Surg Engl.* 2010;92:e42-e44.

**How to cite this article:** Motomura S, Yamashita S, Tago M, Yamashita S-I. Avoiding invasive surgical procedures for a slow-growing asymptomatic huge anterior mediastinal lipoma under watchful waiting. *Clin Case Rep.* 2021;9:e05190. doi:10.1002/ccr3.5190