

## Hibernoma of Tongue – A Rare Case

Sir,

Hibernomas are rare benign soft tissue tumors arising from brown fat tissue.<sup>1</sup> The name hibernoma was given by Grey in 1914 because of its similarity to brown fat in hibernating animals.<sup>2</sup> Until now reports and case series of 170 patients are published,<sup>3</sup> but no case of hibernoma affecting oral cavity has been published. This case represents the first presentation of intraoral hibernoma.

A 34-year male presented to the Department of Oral and Maxillofacial Pathology, NIMS Dental College, Jaipur, India, for the evaluation of a localised swelling on the lateral border of his tongue from 2 years. Family history and past medical history were non-contributory to the present swelling. Intra-oral examination revealed a soft, painless swelling on right lateral border of the tongue, measuring 1 x 0.5 cm. Color of the swelling varied from white to blue (Figure 1). On the basis of clinical features a provisional diagnosis of capillary hemangioma was made. A surgical excision of the lesion was performed under local anesthesia, and tissue was submitted for histopathological examination (Figure 2).

Histopathological examination of hematoxylin and eosin stained soft tissue section revealed an admixture of palely staining univacuolated fat cells and multivacuolated eosinophilic cells with deeply eosinophilic granular cytoplasm (Figure 3), confirming the diagnosis of hibernoma. The 8 months follow-up of the patient was uneventful.

Hibernomas are rare neoplasms of adults that account for ~1.6% of benign lipomatous tumors.<sup>1,3</sup> The peak

incidence occurs during the 3rd and 4th decade of life, with a wide age range (2-75 years). The reported gender distribution varies from a slight female predilection in older reports to a clear-cut overrepresentation of men in the Armed Forces Institute of Pathology (AFIP) series (99 of 170 cases).<sup>4</sup> An exhaustive literature review could not reveal a single case of hibernoma arising inside the oral cavity. Hence, this is the first reported case of intraoral hibernoma. Surgical excision is the treatment of choice and the lesions do not recur.

### REFERENCES

1. Anderson SE, Schwab C, Stauffer E, Banic A, Steinbach LS. Hibernoma: Imaging characteristics of a rare benign soft tissue tumor. *Skeletal Radiol* 2001; **30**:590-5.
2. Murphey MD, Carroll JF, Flemming DJ, Pope TL, Gannon FH, Kransdorf MJ. From the archives of the AFIP: Benign musculoskeletal lipomatous lesions. *Radiographics* 2004; **24**:1433-66.
3. Ritchie DA, Aniq H, Davies AM, Mangham DC, Helliwell TR. Hibernoma--correlation of histopathology and magnetic-resonance-imaging features in 10 cases. *Skeletal Radiol* 2006; **35**:579-89.
4. Furlong MA, Fanburg-Smith JC, Miettinen M. The morphologic spectrum of hibernoma: A clinicopathologic study of 170 cases. *Am J Surg Pathol* 2001; **25**: 809-14.

*Manas Bajpai and Nilesh Pardhe*

*Department of Oral and Maxillofacial Pathology, NIMS Dental College, Jaipur, India.*

*Correspondence: Dr. Manas Bajpai, Assistant Professor, Department of Oral and Maxillofacial Pathology, NIMS Dental College, Jaipur, India.*

*E-mail: dr.manasbajpai@gmail.com*

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Figure 1: Lesion on the lateral aspect of tongue.



Figure 2: Gross picture of the lesion.

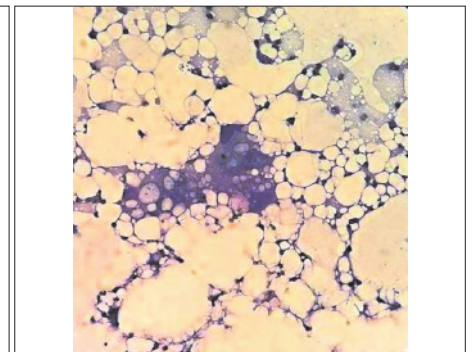


Figure 3: Admixture of univacuolated cells and multivacuolated eosinophilic cells with granular cytoplasm (Hematoxylin and eosin stain X40).

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