



# Unusual Etiology of Cough: Giant Pleural Lipoma

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Received: 23 November 2018 / Accepted: 6 February 2019 / Published online: 20 February 2019  
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A 24-year-old woman presented to our institution with the chief complaint of cough over the preceding 6 weeks. Chest radiograph revealed complete opacification of right hemithorax (Fig. 1a). Computed tomography of the chest demonstrated a massive homogenously encapsulated fat-attenuating mass with central necrosis occupied entire right hemithorax (Fig. 1b). Subsequently, surgical resection of the huge tumor of the pleura was performed. Gross examination (Fig. 1c) and microscopic histopathology demonstrated pleural lipoma (Fig. 1d). Currently, the patient remains

well without clinical or radiographic evidence of disease recurrent.

Intrathoracic lipoma is usually located at the mediastinal, bronchial and pulmonary levels; a pleural lipoma is extremely rare [1]. Pleural lipoma originates from the sub-mesothelial parietal pleura and extend into subpleural, pleural or extrapleural spaces [1]. Most patients remain asymptomatic, but it may provoke compression symptoms including dyspnea and dysphagia. Cough is a very rare manifestation as our case presentation. Surgical resection is necessary for

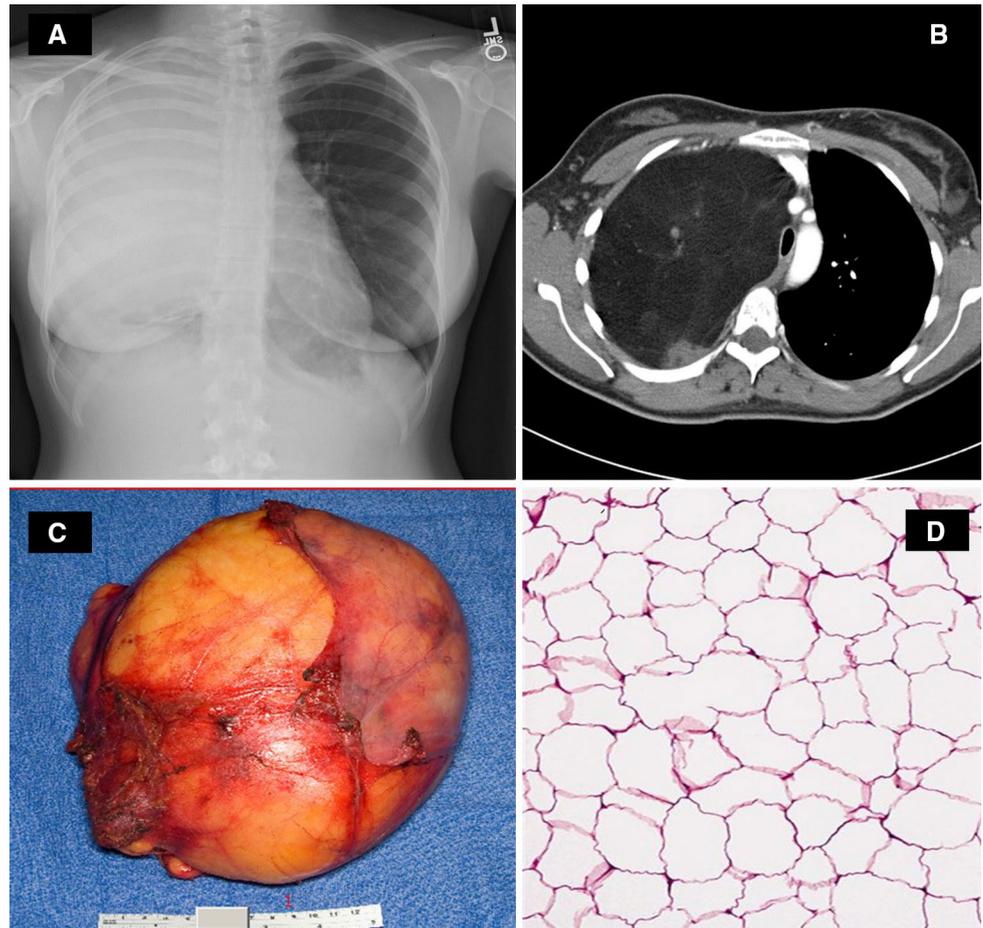
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**Fig. 1** **a** Chest radiograph revealed complete opacification of right hemithorax. **b** Computed tomography of the chest demonstrated a massive homogeneously encapsulated fat-attenuating mass with central necrosis occupied entire right hemithorax. **c** Gross examination revealed a 4210-g bright yellow fat mass with fine fibrous capsule. **d** Microscopic histopathology demonstrated mature white adipose tissue without atypia



three indications including symptomatic treatment, concerning sarcomatous change and local infiltration of adjacent structures such as the brachial plexus.

### Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Informed consent** Patient did sign consent for publication.

### References

1. Jayle C, Hajj-Chahine J, Allain G et al (2012) Pleural lipoma: a non-surgical lesion? *Cardiovasc Thorac Surg* 14(6):735–738

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