

# Atypical Lipomatous Tumour

Information for patients



## What is an atypical lipomatous tumour?

Atypical lipomatous tumours are rare tumours which can develop in the soft tissues of the body. This could be in any part of the body, but they are more common in the thigh and arm. They are benign (non-cancerous) tumours but can have a tendency to recur.

Atypical lipomatous tumours arise from the fat cells within the body and most commonly affect adults.

## Diagnosis

We will confirm your diagnosis once we have carried out ultrasound and MRI scans (imaging), and we have the histology (results) from the biopsy taken from the tumour tissue, if this is needed. If we feel that a biopsy is not needed before we recommend surgery, you will have your diagnosis confirmed once the tumour has been removed and analysed. The tumour will also be 'graded', depending on how fast it is growing and how likely it is to spread to other parts of the body.

Even though atypical lipomatous tumours are benign they can, very occasionally, spread (metastasise) to other parts of the body, such as the lungs. It is important that we check to see whether there is any spread after your diagnosis. We will do this by taking X-rays and CT scans.

We will also closely monitor your chest by taking further X-rays at each clinic appointment during your follow-up. We may also take further CT scans, if we feel these are needed.

## Treatment options

The most common treatment for an atypical lipomatous tumour is surgery to remove the tumour. We will decide on the best treatment for you depending on a number of factors. These include:

- the position, size and grade of the tumour
- whether it has spread to other parts of your body
- your general health and wellbeing.

## Follow-up

Once the tumour has been removed, you will remain under the care of the surgical team for follow-up. We will keep a close eye on you as these tumours can recur. This will include clinic appointments at the following times:

- every 3 months from your surgery, until 2 years after your surgery
- every 6 months between years 2-5 after your surgery
- once a year between years 5-10 after your surgery.

## Further information

Macmillan: <http://www.macmillan.org.uk/Cancerinformation/Cancertypes/Softtissuesarcomas/Aboutsofttissuesarcomas/Typesofsofttissuesarcoma.aspx>

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