



Fibrolipoma: A Rare Oral and Maxillofacial Entity: A Case Report

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ABSTRACT

Lipomas are the most common benign soft tissue tumors, but they occur only rarely in the oral cavity. Fibrolipoma, an uncommon variant, features mature adipose tissue with a prominent fibrous component, presenting as a slow-growing, asymptomatic mass. This article reports a rare case of hard palate fibrolipoma in a 73-year-old male, initially appearing as a small, asymptomatic, sessile nodule clinically suspected to represent a benign palatal lesion, including irritation fibroma, pleomorphic adenoma, mucocoele, and lymphoepithelial cyst. Surgical excision was performed, with histopathology confirming fibrolipoma. No recurrence was observed during 20 months of clinical follow-up. Fibrolipoma of the hard palate is exceptionally rare and may present a diagnostic challenge because of its nonspecific clinical appearance. Histopathological examination remains essential for definitive diagnosis, and complete surgical excision is associated with an excellent prognosis and a very low risk of recurrence.

Keywords: Lipoma; Fibrolipoma; Oral mucosa; Hard palate; Oral neoplasm.

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Introduction

Lipomas are known as the most common benign soft tissue tumors in the human body [1]. The duration from tumor development to diagnosis is frequently unclear but has been noted to range from two months to 21 years, and they are often found accidentally [1,2]. They can occur in any part of the body, particularly the torso and arms. Around 15 to 20% of lipomas are located in the head and neck area, yet merely 1-4% of these instances are identified in the oral cavity [3]. However, among all benign tumors of the oral cavity, only 1-4% are oral lipomas, which shows the extreme rarity of this condition at this specific site [4,5].

Lipomas have been classified by WHO as conventional lipoma, fibrolipoma, angiolipoma, lipomatosis of nerve, and lipoblastoma. As compared to conventional lipoma, the other variants are very rare. Fibrolipoma is an uncommon histological variant accounting for approximately 1.6% of all facial lipomas. The most common sites of occurrence are the buccal mucosa and tongue, respectively [5]. It is a benign non-epithelial neoplasm composed of mature adipose tissue accompanied by the growth of fibrous connective tissue [6]. It typically presents as a well-circumscribed, painless, slow-growing submucosal or superficial mass [4]. The prognosis of these benign tumors is considered good; however, they rarely recur after surgical treatment [2]. The pathogenesis of oral lipoma remains quite unknown, and trauma, infection, chronic irritation, and hormones are considered to be etiological factors [3]. This report describes a rare case of fibrolipoma arising in the posterior hard palate and provides a review of the relevant literature.

Case Report

A 73-year-old male patient was referred to the department of oral and maxillofacial medicine, School of Dentistry, Tehran University of Medical Sciences, in February 2024, by his dentist with a relatively small nodule on his hard palate. The mass was a slow, progressive, and painless nodule without any exact information about its onset. His medical history was clear except for a history of a 3-day-hospitalization due to hernia surgery. He had smoked approximately 10–15 cigarettes per day for the past 30 years. Apart from this history, he had no significant systemic diseases, known allergies, or relevant family medical history. He also didn't have any relative signs and symptoms due to the palatal nodule, such as sore throat, toothache,

or dysphagia. There was no history of pus discharge or bleeding. The initial intraoral examination showed a single well-defined sessile nodule, with a smooth surface and the same color as the adjacent mucosa, with a small brown macule over it, measuring approximately 5*4 mm with a soft to firm consistency without focal tenderness, located at the posterior part of the hard palate, nearly at the soft palate border (Figure 1). The clinical differential diagnosis included irritation fibroma, mucocele, pleomorphic adenoma, and lymphoepithelial cyst. Fibrolipoma was not initially suspected because of its exceptional rarity at this location, the absence of the characteristic yellowish appearance, and its relatively firm consistency related to the prominent fibrous component.

After obtaining written informed consent from the patient and providing a full explanation of the planned intervention, the patient's vital signs and blood glucose levels were assessed. Subsequently, an excisional biopsy was performed under local anesthesia. The procedure was completed without intraoperative or postoperative complications. The sample was sent for histopathological examination, and the sutures were removed one week later with no complications (Figure 2). Macroscopic examination showed a specimen consisting of a globoid piece of soft to elastic pale pink tissue measuring 0.5 * 0.4 * 0.4 cm, partially covered by a thin layer of mucosa. Microscopic examination revealed prominent aggregates of mature adipocytes separated by dense fibrous connective tissue beneath the overlying oral mucosa, consistent with the histopathological features of fibrolipoma (Figure 3). Histopathological examination established the diagnosis of fibrolipoma. The patient was followed clinically for 20 months after surgical excision, during which no evidence of recurrence was observed (Figure 4).



Figure 1. An exophytic nodule, approximately 5 * 4 mm, at the posterior part of the hard palate.



Figure 2. First follow-up, one-week post-surgery.

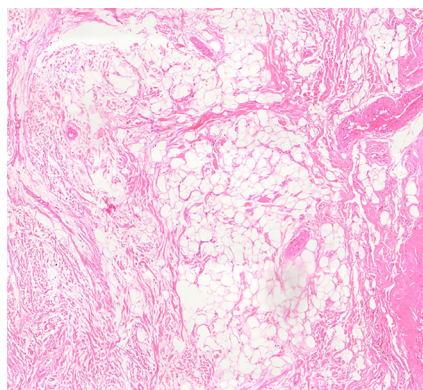


Figure 3. Photomicrographs show keratinized oral mucosa (A, X10), and prominent mature adipose tissue separated by fibrotic bundles located in underlying lamina propria (B, X100).



Figure 4. 20 months post-surgery.

Discussion

Lipomas are known as the most common benign tumors and since they can be found in any anatomical sites with fat tissue they are called “universal tumor” or “ubiquitous tumor” [7] with the most common area being the trunk and upper extremities around 15 to 20% of lipomas are located in the head and neck area, but merely 1-4% of these instances are found within the oral cavity [3]. Among all benign tumors of the oral cavity, only 0.5-4% are oral lipomas, which demonstrates their scarcity at this particular location [4,5].

The first description of oral lipoma was provided in 1848 by Roux; he referred to it as a “yellow epulis” [7]. According to the histopathological features, oral lipomas are categorized into conventional lipoma, fibrolipoma, angiolipoma, pleomorphic lipoma/spindle cell, myxolipoma, condrolipoma, osteolipoma, myolipoma, lipomatosis, lipomatosis of the nerve, lipoblastoma, and hibernomas. Rather than the conventional type, the other histological variants are very rare, with fibrolipoma being an extremely rare subtype [7]. Oral lipoma and its variants are typically discovered in adulthood and more frequently in the fifth to sixth decades of life [2,7]. Epidemiological analysis showed that the classic lipoma appears to be more common in men in the ratio of 1.5:1, whereas fibrolipoma has been found more in women in the ratio of 1:1.3 [7].

Intraoral sites include buccal mucosa and buccal vestibule (about half of all cases) and, less frequently, the tongue, floor of the mouth, lips, palate, and the retromolar area [7]. Since the palate has very little fatty tissue, the incidence of a lipoma there is quite low [4]. Adipose tissue of the palate is not evenly distributed; most of it is located anterolaterally and posterolaterally [6]. The first case report of oral fibrolipoma was in 1958, which was reported as an exophytic mass in the buccal mucosa [8]. Since then, more than 35 case reports of oral fibrolipoma have been published. According to the recent 23 case reports since 2014, classified in Table 1, this lesion has presented most often in females, in a general age range of 1-92 years (approximate mean: 48 years), and in the location of the buccal mucosa and tongue with a firm consistency (Table 1).

Based on the cases summarized in Table 1, the most common presentation was an exophytic mass with the chief complaint of a large lesion in the mouth with probable functional interference. What distinguishes our case from the common form may be the location of the lesion, the patient’s age, and sex. The present case is noteworthy because it involved the posterolateral hard palate in a 73-year-old male patient, representing one of the least common clinical presentations of oral fibrolipoma with respect to anatomical site, age, and sex. The differential diagnosis of intraoral lipoma varies according to the anatomical location of the lesion. Lesions arising in the retromolar pad should be differentiated from oral dermoid and epidermoid cysts, oral lymphoepithelial cysts, benign salivary gland tumors, mucoceles, benign mesenchymal neoplasms, ranulas, ectopic thyroid tissue, and lymphoma [7]. In contrast, lesions involving the palate may clinically resemble pleomorphic adenoma, low-grade mucoepidermoid

carcinoma, lymphoepithelial cyst, and dermoid cyst [4]. Considering that the present lesion was located in the posterior hard palate, the main clinical differential diagnoses included benign minor salivary gland tumors, particularly pleomorphic adenoma, irritation fibroma, lymphoepithelial cyst, and, less commonly, mucocele [4,7]. Fibrolipoma was not initially suspected because of its exceptional rarity at this site, the absence of the characteristic yellowish appearance, and its relatively firm consistency related to the abundant fibrous component [2,7]. Although imaging was not considered necessary in the present case because of the lesion's small size, superficial location, and well-circumscribed clinical appearance, imaging modalities such as ultrasonography, CT, or MRI may be helpful in selected cases.

These techniques can assist in evaluating lesion extent and possible involvement of adjacent anatomical structures, particularly in larger or deeply located palatal lesions [4,7]. Typically, fibrolipomas are smaller than 2.0 cm in size [5]. In this instance, the tumor measured 0.5 * 0.4 * 0.4 cm. Although the exact etiology remains quite unknown, currently the most probable etiologic factors of lipoma include genetics, fatty degeneration, hormonal basis, trauma, metaplasia of muscles, and lipoblastic embryonic cell nest origin. Also, a few suggestions have been made about the possibility of rearrangement of chromosome numbers 12q, 13q, and 6p causing this lesion [7]. In the present case, chronic irritation from an old, ill-fitting maxillary denture may have contributed to lesion development [5]. The patient was therefore advised to replace the denture to minimize ongoing mechanical irritation. Fibrolipomas typically manifest as asymptomatic, slow-growing, sessile, round-to-ovoid submucosal nodules, with a soft to firm consistency depending on the quantity and dis-

tribution of fibrous tissue and the depth of the tumor [2,4]. The location of the lesion may affect the manifestation. Although the superficial ones may be diagnosed rather easily due to the yellow hue appearing through the overlying thin mucosa, the deeper ones may not be easily recognized [7]. The diagnosis is based on histopathological examination of tissue, which is definitive and hence confirmatory [4]. In the present case, routine hematoxylin and eosin staining was sufficient to establish the diagnosis of fibrolipoma [2,7]. Immunohistochemical studies were not considered necessary because the histopathological findings were characteristic of this lesion. The distinguishing histopathological feature of fibrolipoma is the abundant fibrous connective tissue interspersed among mature adipocytes, in contrast to conventional lipoma, and this increased fibrous component may also be appreciated macroscopically [7]. Complete surgical excision remains the treatment of choice, with an excellent prognosis and a very low recurrence rate [7].

In this case, the mass was completely removed through an excisional procedure under local anesthesia and was scheduled for a follow-up session a week later for suture removal and overall inspection. The patient reported no pain or discomfort during the postoperative follow-up period. Intraoral lipomas are typically found during routine dental examinations since they are extremely rare and usually asymptomatic unless becoming larger and thus interfere with function and speech. Although most of the lipomas originate from the subcutaneous tissues, deeper tissues may also be involved. The main reason people seek treatment with a delay is the fact that they are asymptomatic and painless. Therefore, clinicians should be aware of this uncommon entity and include it in the differential diagnosis of painless intraoral nodules.

Table 1. Clinicopathological characteristics of published cases of oral fibrolipoma since 2014.

	Title	Year, Country	Age, sex	Chief Complaint/History	Description and Site	Treatment Plan	Diagnostic method	Outcome/Recurrence
1	Diode Laser Treatment for Buccal Mucosa Fibrolipoma in an Elderly Patient on Anticoagulants: Case Report and Literature Review (9)	2025 Italy	92-year-old male	Pain during the use of a mobile dental prosthesis and difficulty in its use	Painless right buccal mucosa swelling	Surgical excision using a diode laser	Histopathological examination	Uneventful at both 1- and 3-month follow-ups

	Title	Year, Country	Age, sex	Chief Complaint/ History	Description and Site	Treatment Plan	Diagnostic method	Outcome/ Recurrence
2	Review of Hard Palate Lipoma and Retrospective Clinicopathological Analysis of Patients with Oral Lipomas (10)	2025 China	47-year-old female	Difficulties in pronunciation and eating	Masses located in the hard palate	Surgical excision using a partial thickness flap dissection technique	Histopathological examination	Satisfactory wound healing at the postoperative follow-up
3	Fibroepithelial hyperplasia and fibrolipoma in a 4-year-old patient: a rare case report (5)	2024 Thailand	4-year-old female	Gingival pain when eating and biting down	Pink fibrous nodule with a broad base, which was non-tender and firm in consistency, located in the labial area of the mandibular left primary canine, measuring approximately 6x6x2 millimeters in size. The height of the nodule was no more than one-third of the height of the tooth's crown. With no pain	Surgical excision under general anesthesia	Histopathological examination	Recurrence in the area of the left mandibular first molar after a 9-month and 1-year 4-month follow-up following the removal
4	Multiple Fibrolipomas of the Tongue: A Rare Case Report of a Pediatric Patient with Whole Exome Sequencing of the C2CD3 Gene (11)	2024 Saudi Arabia	1-year-old male	Irritation due to the swelling	Multiple tumors at the lateral and anterior border of the tongue, polypoid and covered under healthy mucosa, ranging from 0.5 to 1.5 cm, doughy in consistency	Surgical excision under general anesthesia	Histopathological examination, genetic sequencing: Heterozygous sequencing of the C2CD3 gene	No recurrence
5	Fibrolipoma of the lower lip A case report and review of the literature (12)	2024 China	54-year-old female	Affecting speech and eating abilities	A 2.0 × 2.5 × 1.0 cm mass, under the mucosa of the right lower lip, the same color as the surrounding mucosa with a smooth surface, soft texture, clear boundaries, easily movable, not tender	Surgical excision under local anesthesia	Histopathological examination	No recurrence
6	Oral fibrolipoma (13)	2023 Tunisia	49-year-old male	Slight discomfort in chewing	A 2 cm pedunculate, pink-yellow, soft nodule on the right buccal mucosa	Surgical excision	Histopathological examination	Under regular follow-up

	Title	Year, Country	Age, sex	Chief Complaint/ History	Description and Site	Treatment Plan	Diagnostic method	Outcome/ Recurrence
7	Oral fibrolipoma: A rare clinicopathological entity (14)	2023 India	44-year-old male	Swelling in the upper left canine tooth region	A swelling at the buccal side of the upper left first premolar involving the marginal and attached gingiva extending up to the vestibule, sessile in growth, oval in shape, and of normal mucosal appearance, size of 0.5 × 0.5 cm	Surgical excision	Histopathological examination	No recurrence after 6-month postoperative follow-up
8	Fibrolipoma of Tongue: A Rare Entity (15)	2022 Pakistan	18-year-old female	Swelling on the dorsum of the tongue for 8 years	A well-demarcated swelling on the dorsum of the tongue, pink in color, measuring approximately 3 × 3 cm with no ulceration or inflammation. Non-tender and firm on palpation	Surgical excision	Histopathological examination	Not mentioned
9	Rare fibrolipoma of attached gingiva: A case report and review of the literature (16)	2022 Iran	26-year-old female	Left lower attached gingiva swelling	An exophytic lesion: dome-shaped base, smooth surface, non-homogeneous color (pale pink-red and somewhere yellow), homogeneous texture, soft in palpation but not fluctuant or mobile, on the left lower gingiva next to the first and second mandibular molars measuring: 1.5×1×0.7 cm	Surgical excision under local anesthesia	Histopathological examination	No recurrence after 3-month postoperative follow-up
10	Fibrolipoma of the Buccal Mucosa in a Geriatric Patient (17)	2022 India	68-year-old male	Pain and loosening of lower front teeth for 1 month	An oval-shaped, pedunculated growth, light pink in color, with a smooth surface and no surface ulceration, measuring about 0.8 cm × 0.7 cm × 0.5 cm in size, protruding from the right buccal mucosa, soft to firm, slightly compressible, and nontender on palpation	Surgical excision	Histopathological examination	No recurrence during follow-up

	Title	Year, Country	Age, sex	Chief Complaint/ History	Description and Site	Treatment Plan	Diagnostic method	Outcome/ Recurrence
11	Bilateral fibrolipomas at both lower retromolar pads e case report (18)	2021 Taiwan	53-year-old female	Pain and inflammation in the bilateral lower retromolar pad areas due to irritation by the bilateral maxillary third molars	Two soft tissue masses at the bilateral lower retromolar pads, pink, elastic, and protruding, measuring approximately 0.8 * 0.5 * 0.4 cm for the right-side tumor and 0.9 * 0.6 * 0.5 for the left-side tumor. Both were covered by intact oral mucosa	Surgical excision under local anesthesia	Histopathological examination	No recurrence after 3-month postoperative follow-up
12	Fibrolipoma of the tongue: a case report with literature review (19)	2021 Iraq	53-year-old female	Presence of the mass since birth and gradual growth over the past two years	A mobile round mass (2 × 2 cm) located at the anterior part of the tongue, with a smooth surface and regular outline	Surgical excision	Histopathological examination	No recurrence after 2-month postoperative follow-up.
13	Clinicoradiographic Features and Histopathologic Variations of Intraosseous Lipoma: Report of a Case and Review of the Literature the Literature (20)	2021 Iran	39-year-old male	Tooth displacement in the mandibular left lateral incisor and canine area	A unilocular radiolucent lesion with sclerotic borders located between the mandibular left lateral incisor and canine (intraosseous), approximately 2 cm, causing root divergence of the involved teeth with no evidence of root resorption	Surgical excision under local anesthesia following a prior Cone-beam computed tomography (CBCT)	Histopathological examination	No recurrence during follow-up up to the time of the manuscript submission
14	Oral fibrolipoma - Case report (21)	2020 Taiwan	43-year-old female	A soft tissue mass at the left buccal mucosa	A yellowish, soft, and protruding mass measuring approximately 2 cm in diameter with an intact mucosal surface at the left buccal mucosa	Surgical excision under local anesthesia	Histopathological examination	No recurrence after 8-month postoperative follow-up.
15	A Case of Fibrolipoma of the Hard Palate (6)	2020 Japan	85-year-old female	Hard palate mass, progressively increasing in size in recent years, associated with a foreign-body sensation while talking and eating	A mass extended from the center to the left side of the hard palate. Measured 15mm along the major axis, with a clear border, nearly spherical, smooth, and glossy with a slightly yellowish color, painless, elastic, and soft	Surgical excision under local anesthesia following a prior CBCT and Magnetic Resonance Imaging (MRI)	Histopathological examination	No recurrence after 18-month postoperative follow-up (the time of the manuscript submission)

	Title	Year, Country	Age, sex	Chief Complaint/ History	Description and Site	Treatment Plan	Diagnostic method	Outcome/ Recurrence
16	Oral Fibrolipoma: A Report of Two Cases and Review of Literature (22)	2018 India	1) 16-year-old female 2) 60-year-old male	1) Overgrowth of the gums in the left back teeth region 2) A long lasting growth on the alveolar ridge in relation to the missing maxillary right first molar	1) A pedunculated over- growth measuring about 2 cm × 2 cm, in the left retromolar region distal to 37. The overlying mucosa was smooth, nonulcerated, and no change in color was observed as compared to the adjacent site 2) A pink, well-defined oval swelling measuring 1.8 cm × 0.9 cm was present in the maxillary right edentulous area. Soft, fluctuant, nontend- er, mobile, and slippery on palpation	1 and 2) Complete sur- gical excision using laser	1 and 2) Histopatho- logical examination	Not men- tioned
17	Intraoral fibrolipo- ma: case report and review of literature (1)	2018 France	67-year-old male	Severe discom- fort during chewing	A single nodule measur- ing 4 cm long, mobile, soft, and painless on palpation, yellowish in color, highly vascular- ized, homogeneous, circumscribed, and asymptomatic, on the right buccal mucosa	Complete sur- gical resection under a po- tentiated local anesthetic following a prior MRI	Histopatho- logical examination	Not men- tioned
18	Fibrolipoma of the Oral Cavity: Treatment Choice in a Case with an Unusual Location (23)	2017 Italy	65-year-old male	Slow but contin- uous swelling	A soft, painless, and pseudo-fluctuant round swelling, with the great- est diameter of 0.5-1 cm at the lower left canine mucosa on the lingual side	Enucleation under local anesthesia with mu- co-periosteal flap elevation, following a prior Periapi- cal radiog- raphy	Histopatho- logical examination	No recur- rence after 24-month postopera- tive clinical and ra- diographic follow-up
19	An Uncommon Case of Fibrolipo- ma (7)	2017 India	50-year-old female	Swelling of the left cheek region for 1 year, associated with a 1-month history of pain characterized by sudden, intermittent, mild-to-mod- erate, dull, non-radiating episodes that worsen on chew- ing and subside spontaneously, along with 1-week difficulty in mastication.	A solitary, well-de- fined, sessile swelling in relation to the left retromolar region measuring about 1.5 cm × 1 cm extending superoinferiorly from the alveolar ridge through the line of occlusion and mediolaterally from the distal aspect of the lower left second molar till the retromolar region. Pale pink, ulcerated, with an indentation mark of the upper tooth. Well-defined, soft to firm in consistency, mobile, and tender over the ulcerated mucosa	Surgical exci- sion under lo- cal anesthesia using a diode laser with a 320 μm fiber optic tip op- erating at 3W in a contact, continuous wave mode	Histopatho- logical examination	No recur- rence during follow-up up to the time of the manuscript submission

	Title	Year, Country	Age, sex	Chief Complaint/ History	Description and Site	Treatment Plan	Diagnostic method	Outcome/ Recurrence
20	<i>Fibrolipoma of the Hard Palate: A Case Report (3)</i>	2015 Taiwan	56-year-old female	Slow-progressive, painless palatal mass present for 7 years	A palpable 3.0 x 3.0 x 1.5 cm pedunculated mass without focal tenderness over the hard palate	Surgical excision under general anesthesia following a prior MRI	Histopathological examination	No evidence of recurrence
21	<i>Rare fibrolipoma of the tongue: a case report (24)</i>	2015 Italy	71-year-old female	Dysfunction of phonation and swallowing, and a sensation of 'obstruction' of the oral cavity for the past 30 days	A swelling on the anterior part of the ventral surface of the tongue, measuring 40 mm at its maximum diameter, curvilinear in shape, with a soft consistency, freely mobile over both superficial and deep planes, covered by intact mucosa with normal color and no trophic change	Surgical excision under local anesthesia following a prior contrast-enhanced Computed Tomography (CT) scan	Histopathological examination	Not mentioned
22	<i>Giant neurofibrolipoma of the tip of the tongue: Case report and review of the literature (25)</i>	2014 Nigeria	A 50-year-old female	Massive swelling at the tip of the tongue, initially slow-progressive but recently rapidly enlarging, of 6 years' duration	A soft, yellowish lesion attached to the intact mucosa of the tip of the tongue. Not tender. With many superficial blood vessels within	Surgical excision using a "V"-shaped incision with closure done in layers	Histopathological examination	Lost to follow-up
23	<i>Oral fibrolipoma: A rare histological variant (26)</i>	2014 India	35-year-old female	A long-standing growth on the lingual marginal gingiva around the mandibular left third molar, causing discomfort on occluding the teeth	A pink, well-defined oval pedunculated lesion (1.5 × 2 cm) on the lingual aspect of the third molar with normal overlying mucosa. Firm-to-soft consistency, non-tender, freely mobile, and slippery margins	Surgical excision under local anesthesia	Histopathological examination	No recurrence after 6-month postoperative follow-up

Conflict of Interest

There is no conflict of interest to declare.

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