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The Family Intruder Paradox: Buccal Mucosa Fibrolipoma and the Disruption of the Tissue Border

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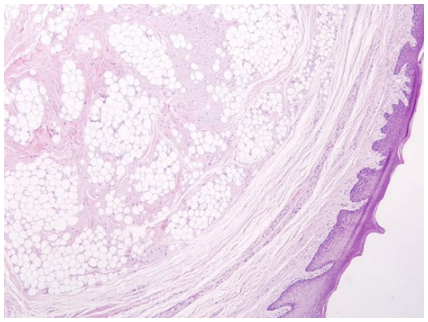
Introduction

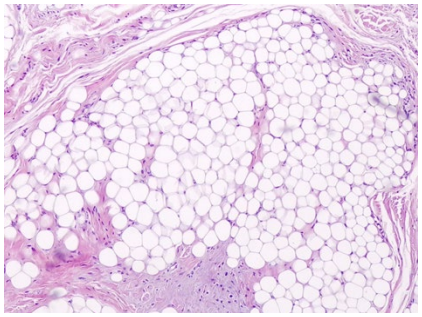
The oral cavity is a highly functionally specialized microcosm where homeostasis depends on a strict architectural order. Intraoral lipomas represent a true epidemiological rarity, accounting for between 1% and 4% of all benign lesions of the mouth (1). This low incidence contrasts with the ubiquity of adipose tissue throughout the rest of the body, raising a fascinating clinico-pathological question: why does such a common tissue become so extraordinarily infrequent in the oral mucosa? We present the case of a benign adipose tissue neoplasm that challenges the monotony of the buccal mucosa, analyzed from the perspective of the loss of the tissue border.

Case Report and Iconography

We present the case of a 30-year-old male patient who presented with a slow-growing, asymptomatic intraoral lesion. Upon examination and subsequent excision, an ovoid, well-circumscribed lesion was evidenced in the left buccal mucosa, exhibiting a soft consistency upon sectioning and a maximum dimension of 1.3 cm. The histopathological correlation constitutes the central axis of this finding:

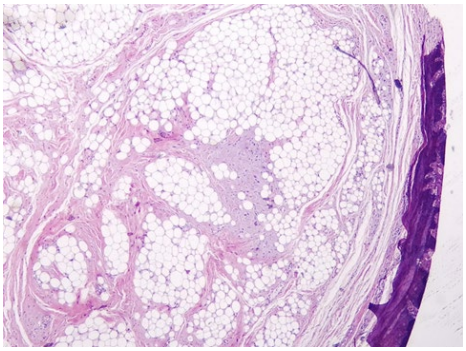
- **Figure 1 (panoramic view)** shows how the tumor mass, composed of uniform fatty lobules, respects the surface but alters the normal topography immediately beneath the stratified squamous epithelium of the oral mucosa.
- At **higher magnification (Figure 2),** it is confirmed that the lesion perfectly emulates conventional mature adipose tissue, featuring optically empty lipid vacuoles and eccentric nuclei, without atypia or lipoblasts.
- The stromal richness of this variant becomes evident in (Figure 3 and 4), where delicate connective tissue septa and dense collagen bands encapsulate and compartmentalize the adipocytes, histologically defining a fibrolipoma (2).
- The climax of the specimen is documented at an impeccable interface where the tumor lobules come into intimate contact with the deep skeletal muscle bundles (buccinator muscle) **(Figure 5).** The lesion pushes and displaces but does not destructively infiltrate, drawing a perfect biological border between what belongs to the muscular plane and the fatty "intruder."

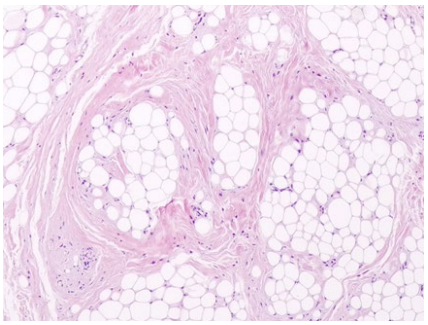


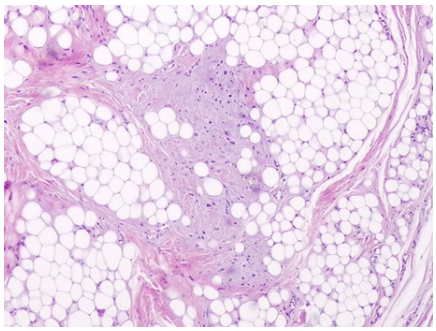


Philosophical Discussion and Clinico-Pathological Correlation

From a conceptual standpoint, the fibrolipoma of the buccal mucosa embodies a contradiction. Fat is the tissue of consensus in the human body; it stores, cushions, and binds. However, when it emerges in the buccal mucosa (frequently linked embryologically to the persistence or herniation of the buccal fat pad of Bichat) (3-4), this familiar tissue transforms into a foreign entity solely due to its location.







The macroscopic soft consistency of the 1.3 cm specimen is the exact translation of its histology: the malleability of lipids contained within cells that have forgotten to cease replication, yet retain their differentiation memory completely intact. The presence of fibrous septa adds a framework to the lesion, providing it with the ovoid circumscription that facilitated its enucleation. The analysis of the muscular interface reminds us that benignity is not merely the absence of atypical mitoses; it is, fundamentally, respect for the other's space. The tumor coexists with the buccinator muscle without colonizing it—a reminder that even within pathology, a tissue ethical order exists.

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