

Personal history and reason for inquiry:

63 years old patient, no history of interest, go to the emergency room at the time of consultation: aggression. It refers to being beaten with fists on the hand of a few acquaintances on the face and both arms and legs.

Physical examination:

Patient with anxiety by what had happened, we proceed to make physical examination for injuries caused by the aggression when we accidentally have a lump right arm in its proximal third level detail of approximately 3 kg of weight, elastic consistency, indurated in its central and vascularized area of pendulum arrangement. The patient concerned about 15 years began with a "bundle" which consulted with your primary care physician and concerned that it was a lipoma and that, if it had no discomfort, I didn't have to intervene surgically.

And indeed, the patient says that that to him, did not bother...

Evolution:

The patient was derived preferentially for assessment by general surgery who scheduled for removal of lipoma in a programmed way. The patient did not go to your appointment with the operating room and after contact with him by telephone justified their non-attendance because he had already learned to live with such tumor and your primary care physician told him that "if it did not bother him, it should not be operated".

Conclusions:

When making recommendations to patients for evolutionary track of the pictures, we must not only make reference to the subjectivity of the symptoms for reassessment. It is advisable to specify signs and symptoms that motivate consults again of objectively already sick and not diseases. It can be assumed that someone "get used" to live with something... "does not bother".

