

CASE REPORT

Metastatic cellular fibrous histiocytoma

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ABSTRACT

Fibrous histiocytoma is a common benign cutaneous tumor. Although most cases of fibrous histiocytoma pursue an indolent course, rare cases have been reported that show aggressive courses with metastases and fatality despite a benign pathology. Here, we present a 30-year-old man with metastatic cellular fibrous histiocytoma. To our knowledge, this is the first case report of such a disease entity in Taiwan.

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Introduction

Fibrous histiocytoma is a common cutaneous tumor characterized pathologically by nonencapsulated proliferation of bland, spindle, and histiocytoid cells in a fascicular and storiform growth pattern with entrapment of collagen bundles. Although most cases of fibrous histiocytoma pursue an indolent course, rare cases have been reported that show aggressive courses with metastases and fatality despite a benign pathology.^{1,2} Here, we present a 30-year-old man with metastatic cellular fibrous histiocytoma. To our knowledge, this is the first case report of such a disease entity in Taiwan.

Case report

The 30-year-old male patient had no underlying diseases. He found one 3 cm tumor on his right thigh at 27 years of age in January 2009. Total excision of the tumor was performed. Microscopically, it showed a spindle cell tumor with storiform growth pattern and focal myxoid degeneration with acanthosis of the overlying epidermis (Figure 1A). The tumor cells had eosinophilic cytoplasm and bland-looking nuclei (Figure 1B). Mitotic figures were scarce. Occasional multinucleated giant cells were present. Immunohistochemically, the tumor cells were immunoreactive to factor XIIIa (Figure 1C), but not for CD34 and desmin.

Conflicts of interest: The authors declare that they have no financial or non-financial conflicts of interest related to the subject matter or materials discussed in this article.

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In April 2009, multiple diffuse lung nodules were found incidentally with a chest X-ray in a health examination. Computed tomography of the chest also showed multiple lung nodules (Figure 1D). Video-assisted thoracoscopic wedge resection of part of the right middle lung tissue was performed. Microscopically, the tumor was composed of spindle-shaped histiocytes with frequent storiform growth pattern. No mitosis, pleomorphism, or necrosis was seen. The histologic finding was similar to his previous right thigh tumor, and a metastatic fibrous histiocytoma was favored.

The patient started to have chronic cough in November 2010. Work-up for infectious diseases or other potential causes of chronic cough yielded negative results. The patient was lost to follow-up after December 2010.

In October 2014, he presented with progressive exertional dyspnea and one gradually enlarging mass on the right axilla noted for >6 months (Figure 2A). Physical examination found multiple nodules of various sizes on the trunk, with the largest one noted on the right axilla. Microscopic examination of one of the lesions on the left upper abdomen (Figure 2B) showed proliferation of cellular ovoid fibrohistiocytic cells with a storiform growth pattern compatible with fibrous histiocytoma (Figure 2C). Immunohistochemically, the tumor cells were positive for factor XIIIa (Figure 2D) and negative for creatine kinase, CD34, and c-kit. The histological findings and immunohistochemistry showed similarity to his previous right thigh tumor, and considering the clinical course, metastases of the initial right thigh and fibrous histiocytoma were favored.

Using computed tomography, an increase in the size and number of lung nodules was found compared with 2009 (Figure 3A). Also, multiple metastatic lesions in muscles and subcutaneous tissue (Figure 3B), pathological compression fracture at the L3

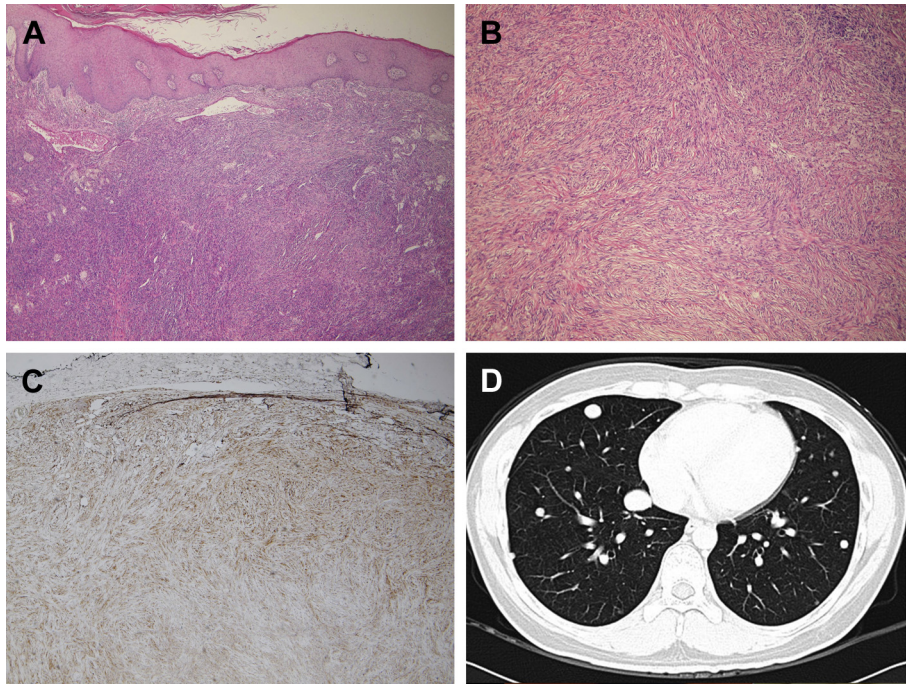


Figure 1 (A) Excision of the right thigh primary tumor was conducted in 2009. Histological examination shows a dermal tumor with hyperplasia of overlying epidermis [hematoxylin and eosin stain (H&E) 10×]; (B) the tumor cells are bland, spindle, and histiocytoid cells in fascicular and storiform growth pattern (H&E 40×); (C) immunohistochemistry is positive for factor XIIIa (IHC); and (D) chest computed tomography scan shows multiple lung nodules in 2009.

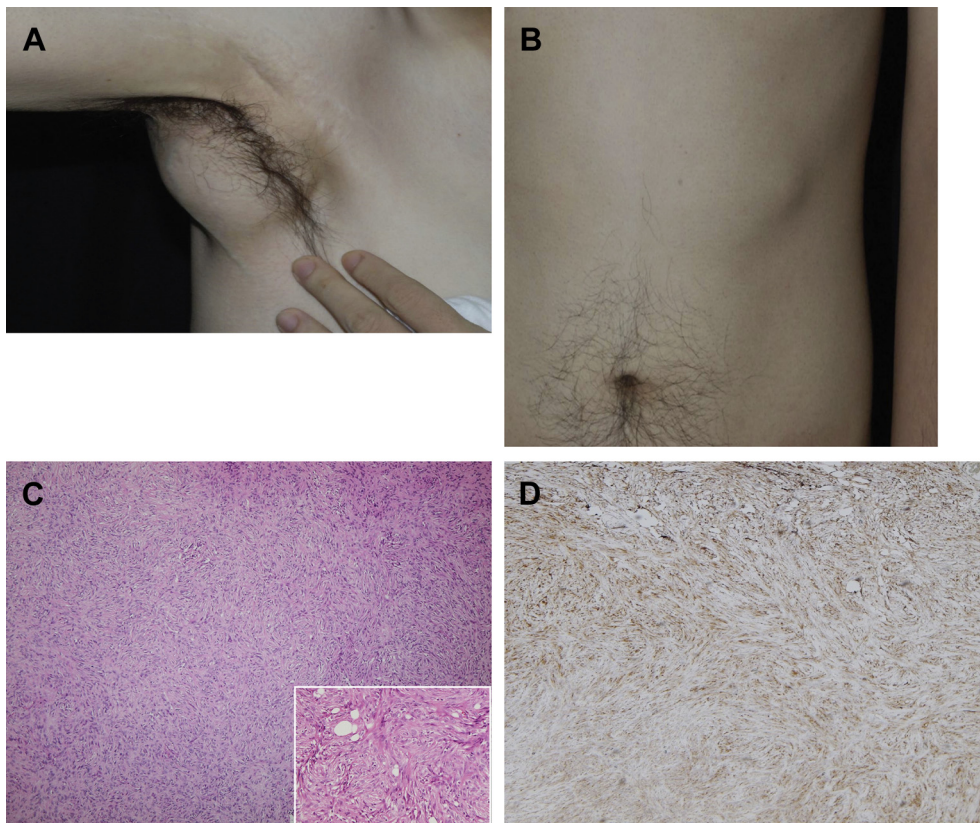


Figure 2 (A) Clinical picture of the right axillary tumor; (B) biopsy was performed on the left upper abdominal tumor in 2014; (C) the metastatic lesion shows spindle and histiocytoid tumor cells in fascicular and storiform growth pattern. The inset figure shows scarce mitotic figures (hematoxylin and eosin stain 40×); and (D) immunohistochemistry shows positive staining for factor XIIIa.

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