



Nodular fasciitis of the external auditory canal in six Egyptian children

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KEYWORDS

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Summary

Objective: Nodular fasciitis of external auditory canal may mimic a malignant tumor due to its progressive course, so it was the aim of this study to focus on a new etiology for aural masses to avoid unnecessary aggressive treatment.

Study design: Retrospective study on six children presented with aural masses that were diagnosed pathologically to have nodular fasciitis.

Methods: Presentation of the cases clinically, radiologically and pathologically was carried out. Surgical excision of the lesions was done through the external canal with follow up of the cases for 1 year.

Results: Recurrence was detected in two cases, one after 2 months and the other after 4 months. Re-excision was carried out without recurrence till the end of the follow up period.

Conclusions: Proper diagnosis of this lesion is mandatory to avoid aggressive treatment (radical surgery and/or radiotherapy) as the disease has favorable prognosis with local excision.

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1. Introduction

Nodular fasciitis is a benign proliferation of fibroblasts and myofibroblasts in the subcutaneous tissues. It was first described in 1955 by Konwaller et al. as subcutaneous pseudosarcomatous fibroma-

tosis (fasciitis) due to the possible clinical and histological confusion with a sarcoma. It is a benign, self-limited, fibroproliferative disease thought to be a reactive process rather than a true neoplasm [1].

The exact cause of this lesion is unknown but trauma may precede the appearance of the disease [2].

Classically, nodular fasciitis presents as a freely mobile, well-circumscribed and tender nodule of a

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few weeks duration, seldom larger than 2 cm, between the ages of 20 and 40 years with males and females equally affected [3].

It typically occurs on the upper and lower extremities of adults, particularly on the forearm, and only 10–20% is estimated to occur in the head and neck region [1]. In children, however, the head and neck region is, in fact, the most common site and recurrence of the lesion is more commonly seen than in adults [4].

It is usually located in the subcutaneous, fascial, or intramuscular regions, but uncommon variants such as intravascular, cranial, ossifying, proliferative, and even intradermal nodular fasciitis exist [5].

Most cases of intradermal nodular fasciitis were in the head and neck region [6]. Goodlad and Fletcher documented the first case of dermal nodular fasciitis in 1990 [7]; 7 cases have since been documented in the English dermatopathologic literature, and 28 additional cases of dermal nodular fasciitis in the otorhinolaryngic literature involving the external ear region [2].

Histopathological examination showed that the majority of the lesions are circumscribed, composed of spindle-shaped to stellate myofibroblasts arranged in a storiform growth pattern, juxtaposed to hypocellular myxoid tissue-culture-like areas with extravasation of erythrocytes. Dense, keloid-like collagen and occasional giant cells may be seen. Mitotic figures (without atypical forms) were readily identifiable. By immunohistochemical staining, myofibroblasts were reactive with vimentin, actins, and CD68 [6].

Unfortunately the presence of this lesion in the ear canal may be misdiagnosed as a malignant tumor because of its progressive course. So it was the aim of the present study focusing on a new etiology for external auditory canal mass.

2. Methods

This is a retrospective medical record review conducted on six children presented with soft tissue masses in the external auditory canal (EAC) with normal middle ear space on CT and diagnosed pathologically as nodular fasciitis. Four were males and two were females, their ages ranged from 5 to 13 years (the mean age was 7 years and 3 months). All cases were diagnosed and treated in the Otolaryngology Unit of the Pediatric Hospital of Cairo University in the period from August 2000 to September 2006. The main complaint of all cases was unilateral earache with bleeding in three cases associated with offensive discharge in two of them. Examination showed soft tissue lesion covered with skin and



Fig. 1 A 7-year-old boy with an aural polyp extended from the external auditory canal to outside the meatus.

completely filling the EAC; in one case, the lesion was protruded outside the meatus (Fig. 1). In three cases, the mass showed ulceration and bleeding. CT was carried out for all cases and showed soft tissue mass filling the EAC except for few millimeters in medial portion, with normal tympanic membrane and middle ear space (Fig. 2). Complete surgical removal of the lesions was carried out through the EAC under general anesthesia. The masses removed in multiple pieces which were soft to firm in consistency, gray in color, the surface was ulcerated in some cases and with clotted blood inside in five cases, the size of the masses ranged between 0.5 and 1.5 cm in their greatest dimensions. Histopathological examination of the specimens was done (Figs. 3 and 4), it showed fibrous lesions with loosely

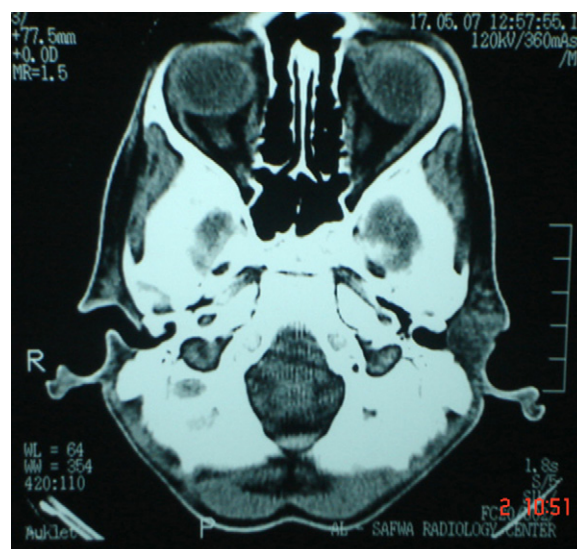


Fig. 2 Axial CT for a 9-year-old girl showing soft tissue mass filling the outer cartilaginous part of the left external auditory canal with normal middle ear space.

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