Dermoscopic findings in an early malignant fibrous histiocytoma on the face

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ABSTRACT

Malignant fibrous histiocytoma (MFH), currently classified as undifferentiated pleomorphic sarcoma, is the most frequent soft tissue sarcoma in adulthood, but it is not as common as a primary skin tumor. MFH affects mostly the thighs and trunk, head and neck is an infrequent presentation in adults. MFH is often diagnosed in advanced stages, with a tendency to local recurrence and systemic metastasis. Since tumor thickness and size are identified as major prognostic factors, early recognition becomes crucial to improve prognosis. We present a case of a cutaneous malignant fibrous histiocytoma located on the face in which dermoscopy was useful in clinical management and definition.

Introduction

Malignant fibrous histiocytoma (MFH), currently classified as undifferentiated pleomorphic sarcoma, is the most frequent soft tissue sarcoma in adulthood, but it is not as common as a primary skin tumor [1]. The age of presentation ranges between 50 and 70 years, two-thirds occur among men, and the Caucasian population is more commonly affected. MFH affects mostly the thighs and trunk. Infrequently, it presents in the head and neck in adults [2,3]. The lesions are usually diagnosed in advanced stages, and despite currently proposed therapies such as radiotherapy or chemotherapy, the patient’s prognosis is usually poor with a tendency to local recurrence and systemic metastasis [1]. Early recognition is crucial to improve clinical outcome. Dermoscopy has shown to be useful in the assessment of both melanoma and non-melanoma skin tumors [4].

Case Report

A 75-year-old male with history of multiple basal cell carcinomas and actinic keratosis presented for a biannual routine skin examination. In the left cheek a hypopigmented lesion was detected. It was discretely erythematous, with poorly defined limit, and increased consistency on palpation (Figure 1). The lesion was not present at the time of his previous visit and the patient was not aware of the lesion and did not know the evolution. No previous history of radiotherapy
irregular cells, some giant, with large and hyperchromatic nuclei and high mitotic index, which adopted a storiform arrangement, intermixed with thick collagen bundles (Figure 3A and B). In the immunohistochemical study, the cytokera-
tins and the HMB45 were negative, whereas the CD68 was marked strongly positive (Figure 3C, D and E).

Discussion

Malignant fibrohistiocytic tumors include various soft tissue sarcomas that show a spectrum of peculiar clinical-patho-

The dermoscopic findings were not conclusive: the presence of erythema and a shiny white-red structureless area along with short white streaks and rosettes primarily suggested a squamous tumor and less likely a basal cell carcinoma. The findings were not specific for melanocytic lesion or non-melanocytic lesion, so according to the two-step algorithm, the diagnosis of melanoma cannot be ruled out and biopsy is mandatory.

Tumor size and depth have been identified as the main prognostic factors [8]. Therefore, establishing an accurate and early diagnosis is of crucial in improving the tumor prognosis.

To our knowledge, this is the first description of the dermoscopic aspect of MFH. Dermoscopy was helpful in defining clinical management allowing for the early recognition of this tumor in an unusual presentation. MFH should be included in the differential diagnosis when assessing non-pigmented lesions with dermoscopy.

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