Solitary Fibrous Tumor of the Tongue: Cytopathologic Fine Needle Aspiration Findings

Sir,

We read with great interest the article by Krishnamurthy on solitary fibrous tumor (SFT) of the orbit.\(^1\) We fully agree that SFT represents a significant diagnostic challenge for the cytopathologists. Although SFT may arise at any site,\(^2\) only 17 cases of tongue SFT have been reported so far\(^3\) and a review of the literature failed to reveal cytology-based reports of this entity. Hence, we present the first report describing the fine needle aspiration (FNA) cytologic findings in a SFT arising in the tongue, whose precise diagnosis was based on histologic and immunohistochemical features.

A 26-year-old woman presented with a rapidly enlarging lump in the tongue during the last 3 months. On examination, a 5 mm, well defined, firm and not-ulcerated submucosal nodule was noted in the apex of the tongue. FNA of the nodule yielded two moderate cellular smears with a bloody background, containing spindly and plump cells arranged predominantly in a fascicular pattern and embedded in a matrix [Figure 1]. Rounded clusters of cells in a cylindromatous-like fashion were also seen. The tumor cells had oval- to spindle-shaped nuclei with bland chromatin and frequently they had a wavy elongated pale staining cytoplast. Some delicate capillary channels were identified within tissue fragments and scattered thick blood vessels were noted in the background. None, amorphous extracellular hyaline matrix, chondromyxoid component, plasmacytoid or myoepithelial cells were evidenced. No material for immunocytochemistry analysis of the lesion was available; hence, a non-specific FNA diagnosis of benign spindle cell proliferation was rendered. Surgical excision of the tumor was performed without cervical nodal dissection. Histological sections showed a well circumscribed and variably cellular tumor composed of spindle cells intimately admixed with collagenous stroma in a haphazard pattern and mingled with staghorn blood vessels [Figure 2]. The tumor cells displayed strong immunoreactivity with vimentin, CD34 and bcl-2. A diagnosis of SFT was made. It has been no recurrence or metastasis in at least 6 years.

Oral SFT is an unusual finding,\(^4\) especially in the tongue, where only 17 cases have hitherto been reported.\(^3\) Its cytological picture is not different to that of SFT at other sites and it has been described by others.\(^4,5\) However, diagnosis of SFT based purely on cytomorphology is difficult because of the overlap with reactive lesions and various soft tissue tumors. Moreover, salivary gland tumors, especially pleomorphic adenoma and spindle cell myoepithelioma, must be included in the differential diagnosis in the lingual location. Immunoreactivity to CD34, CD99 and bcl-2 is helpful in suggesting the diagnosis of SFT on smears.\(^5\) In the present case, we had no enough material for immunocytochemistry analysis, but, in fairness, we must admit that we did not include SFT within our differential diagnosis of the lesion.

In conclusion, though rare, lingual SFT should considered in the differential diagnosis of a tongue nodule whose FNA cytological smears contain spindle cells interspersed with collagen.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other
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clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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