



RESEARCH ARTICLE

SUPERFICIAL ACRAL FIBROMYXOMA WITH SUB-MATRICIAL LOCATION: A CASE REPORT WITH DERMOSCOPIC FEATURES

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Abstract

Superficial acral fibromyxoma (SAF) is a rare benign, soft tissue neoplasm preferably located on the digits. Awareness of this rare tumor is important because of amounts of benign and malignant neoplasms. SAFM is diagnosed with clinicopathological and immunohistochemical examination. To date, few cases have been reported with dermoscopic images in literature. This report describes the clinicopathologic features and dermoscopic findings of SAF with a sub-matricial location identified in a 60-year-old woman.

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Introduction:

Superficial acral fibromyxoma (SAF) is a benign and rare tumor of the soft tissues, it was 1st described by Fetsch in 2001 [1]. Nearby 314 reported cases of superficial acral fibromyxoma with variable locations were found in the current literature [3]. Herein we illustrate a new case of SAF with sub-matricial location and discuss the dermoscopic features.

Case Report

A 60-year-old woman presented to our dermatology department with a nail deformation on her 4th right finger evolving progressively for 5 years. Physical examination revealed a slightly tender mass deforming the nail plate into a ventral pseudo-ptyerygium. Dermoscopy (Dermlite 4, non polarized mode), objectified a white area without structure, a milky red area, linear vessels, a longitudinal fissure with black “dirty dots” and brownish-yellow subungual hyperkeratosis. The radiological examination was normal, without calcifications, bone erosion or periosteal reaction. The histopathological examination of the excision showed a well- limited and non-encapsulated benign tumor proliferation, it is made of regular spindle or stellate cells dissociated by collagen fibers with an abundant myxomatous stromal background. In the immunohistochemical study, the tumor cells were positive for CD34 and CD 99, and negative for EMA. The diagnosis of SAF with sub-matricial location, was made and the evolution was good with complete healing without recurrence after 6 months of follow-up.

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Discussion:

SAF with sub-matrix location, is an exceptional benign tumor. Only seven cases had a submatrix presentation [2] of which only two reported dermoscopic features.

SAF with sub-matrix location, is classically presented as a sub-matrix mass deforming the nail plate [1] or may be responsible for a pseudo digital hippocrasis, macro triangular lunula or onychogryphosis [2]. Longitudinal melanonychia was recently reported by Ho et al [3]. Its growth is slow and asymptomatic. It is predominantly male with a sex ratio of 2 [4].

The particularity of our case is the occurrence of SAF in a woman in the form of a painful sub-matrix mass deforming the shelf into a ventral pseudopterygium.

The diagnosis of sub-matrix SAF is made by clinicopathological and immunohistochemical examination. Dermoscopy can be an aid to positive diagnosis. Cutaneous SAF can classically present as a white pseudoscarring area, bright white striae and arborescent vessels [5], a red area without structure [6], a white pseudoscarring area with small vessels perpendicular to the surface [7], a yellow area without vascular structures [8], a yellow area with digitiform projections [1], longitudinal trachyonychia, onychorrhexis and subungual hemorrhage.

Dermoscopy of sub-matrix SAF is similar to that of cutaneous locations. In our case, dermoscopy revealed a white area without structure, a milky red area, linear vessels, a longitudinal fissure with black "dirty dots" and a brownish yellow subungual hyperkeratosis.

The treatment of SAF is surgery with complete resection of the tumor, incomplete resection may be responsible for recurrence in 20% of cases [6].

Conclusion:

SAF is a benign, rare soft tissue tumor of a tendency of localization in acral areas especially on the nail bed with distinct clinicopathologic, immunohistochemical and dermoscopic characteristics. Our case describes the dermoscopic features of SAF with submatrix location. It is crucial to recognize this diagnosis due to the rarity of this new entity.



Figure1: Clinical aspect of superficial sub-matrix acral fibromyxoma of the 4th finger.



Figure 2: Dermoscopic features of superficial acral fibromyxoma: white area without structure (yellow star), milky red area (green circle), linear vessels (blue arrow), longitudinal fissure (white arrow), dirty dots (red arrow), brownish yellow hyperkeratosis (black triangle)

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