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CASE REPORT

A rare case from a young surgeon: Dermofibrosarcoma protuberans

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Abstract

We present a rare case of Dermatofibrosarcoma protuberans (DFSP) as a case report. A 65 years old man has been admitted with complaints of swelling in the left arm region for approximately five years. Local excision was performed with preliminary diagnosis of lipoma. The pathology was reported as DFSP. The borders of the surgery were positive. Call back the patient to the hospital and re excision was done. Surgical borders are reported as clean. As a new surgeon, we wanted to present this rare case to medical literature. We understand that how importantis to follow patihology of each patients and recards.

Keywords: Dermatofibrosarcoma Protuberans; Tumor; Local.

INTRODUCTION

Dermatofibrosarcoma prootuberans (DFSP) is a rare kind of local advanced skin tumor. It was first described by Darier and Ferrand in 1924 (1). Pathology is in the beta chain of platelet growth factor.

DFSP, a locally aggressive tumor, may begin with a very small size and progress to the bone and may recur even after large resections (3,4). The diagnosis can be made clinically by physical examination. The experience is important to be denied. It may be seen as a small nodule in reddish brown, or it may be in the form of a large mass of exudative flow with ulceration on it. This progression begins locally and spreads over a large area (3,5). Computerized tomography (CT) and magnetic resonance imaging (MRI) are important in showing involvement. Treatment is extensive surgical resection. DFSP can occasionally distant metastases (6). Radiotherapy and chemotherapy are limited. It's done in the presence of metastasis.

CASE REPORT

A 65-year-old male patient was admitted to the general surgery polyclinic of Yeşilyurt Hasan Çalık State Hospital with a slowly growing mass in the last year, it was the same area of the left arm for about five years.

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On the physical examination, there was a lenticular-sized lesion approximately 0.5 cm in size at the left arm. Mass was not very mobile. The lipoma was prepared for excision locally with preliminary diagnosis. The lesion was small and no malignancy was suspected so radiologic examination was not necessary because of the absence of any features in the patient's history. Patient consent was obtained. The preparations were completed and the operation was taken.

In operation, the mass was completely removed and sent to the pathology. Postoperative pathology was reported as DFSP. In the report the surgical margin was positive at the bottom, the patient was immediately called and invited back to the hospital.Patological specimens in Figure1, Figure 2.

The patient was prepared for surgery. The old incision scar was removed with a width of 5 cm. And also we removed the muscle fascia. Specimens sent to pathology. There was no recurrence or any complication in the case followed for three months. As seen post operative photo of the patient Figure 3.

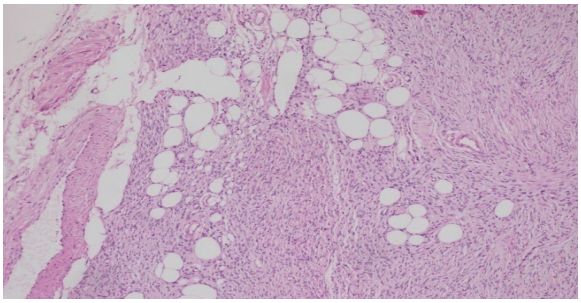

Figure 1. View of pathological preparations x40 magnification

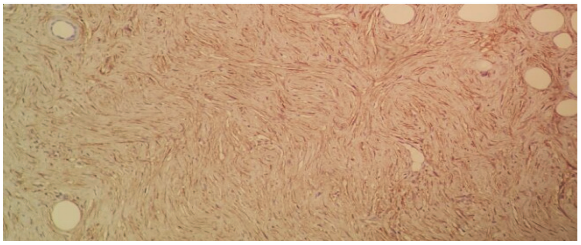

Figure 2. CD 34 dyed at x40 magnification

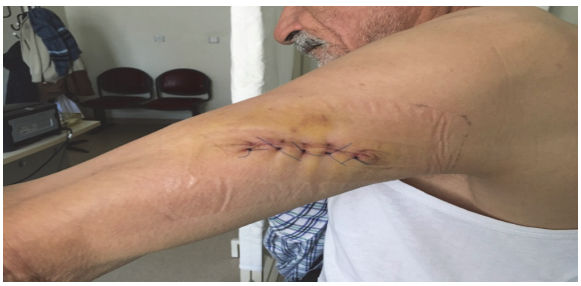

Figure 3. Post op photo of the patient

DISCUSSION

Dermatofibrosarcoma protuberens is a rare local aggressive sarcoma originating from the dermis. In the literature, mortality due to this disease has been reported at around 2% for 5 years and 3% for 10 years (3). It rarely metastasizes. The rate of distant metastases has been reported as 0-60% in the literature (3,6). Local recurrence is more common in 20-50% (7,8). Local recurrence depends on the state of the surgical margin and grade of the tumor (4,7-9). The safe surgical margin was reported as 4-5 cm (9,10).

In our case, surgery was rescheduled because the borders were not clean. Pathology results were reported as clean surgical margins. DFSP is a skin tumor local control and macroscopic examination of the place of the incision is important. Although rare metastasis should be kept in mind.

CONCLUSION

As a result, aggressive surgical approach is essential for DFSP. Reconstructive surgery may be required in larger tumors. Removal of the tumor with safe surgical margins is sufficient, chemotherapy or radiotherapy should be needed only in the presence of metastatic disease. Patients are recommended to have 6 monthly examinations for the first two years. Patients for the first two years 6 months period inspections is recommended. The most important thing we will win this event is the experience.

As a young surgeon who has just started his professional career important things are careful follow-up of the result of the pathology, to document the contact information the patients who have been treated and taking care of every case. We want to report to my colleagues with this case.

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