

A Solitary Nodule Over the Chest

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Case Presentation

A 35-year-old male presented with an asymptomatic, subcutaneous mass with an overlying firm, red-brown nodule and shiny stretched skin (Figure 1A). On dermoscopy, an accentuated pigment network over background of pinkish color was seen. A few structureless focal white areas were present (Figure 1B). Histopathology revealed a poorly circumscribed dermal tumor with a clear grenz zone. The tumor consisted of monomorphic spindle cells with elongated hyperchromatic nuclei arranged in fascicles forming a storiform pattern (Figure 1C). Clinical, dermoscopic and histopathological features confirmed the diagnosis of dermatofibrosarcoma protuberans (DFSP).

Teaching Point

Dermatofibrosarcoma protuberans presents as an asymptomatic, slowly progressive indurated plaque that subsequently develops nodules. Dermoscopic features suggestive of DFSP are: delicate pigment network, vessels, structureless light brown areas, shiny white streaks, pink background coloration, and structureless hypo- or depigmented areas [1].

Mohs micrographic surgery remains the treatment of choice. Imatinib and sorafenib can be employed for unresectable and metastatic DFSP [2]. This report reinstates the importance of keen clinical and dermoscopic examination with histopathological correlation for timely diagnosis of this dermal tumor.

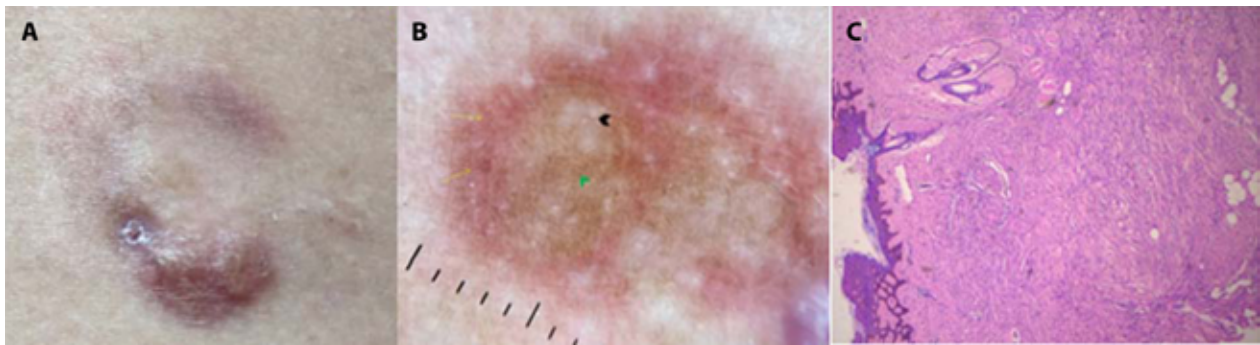


Figure 1. (A) Red-brown nodule with overlying shiny stretched skin present over right side of chest. (B) Dermoscopy (DermLite™ DL3 - 3Gen under contact polarized mode) showing pinkish red background and unfocussed vessels (yellow arrow), accentuated pigment network (green arrowhead) and focal white areas (black arrow head). (C) Sections shows epidermis with grenz zone and underlying dermal tumor in storiform pattern. Entrapped adnexal structure and adipose tissue seen (H&E, 4x).

References

1. Bernard J, Poulalhon N, Argenziano G, Debarbieux S, Dalle S, Thomas L. Dermoscopy of dermatofibrosarcoma protuberans: a study of 15 cases. *Br J Dermatol.* 2013;169(1):85-90. DOI: 10.1111/bjd.12318. PMID: 23496114.
2. Allen A, Ahn C, Sanguenza OP. Dermatofibrosarcoma Protuberans. *Dermatol Clin.* 2019;37(4):483-488. DOI: 10.1016/j.det.2019.05.006. PMID: 31466588.