DERMATOPATHOLOGY

ATYPICAL GRANULAR CELL TUMOR: A HISTOPATHOLOGICAL DIAGNOSIS

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Background: Granular cell tumor (GCT) is a rare benign soft tissue tumor and was described by Abrikossoff in 1926. The majority of GCTs occurs in the skin, submucosal and subcutaneous tissues of the head and neck, especially in the tongue and mouth. It is twice more frequent in women than men and the peak of incidence is 50 years old. It manifests as a small, slow-growing, single and painless subcutaneous nodule. Multicentric and malignant granular cell tumor are it's variants. The gold standard for the diagnosis is histopathology. The positivity for protein S100 and neuron-specific enolase support that tumoral cells are similar to the schwann cells, corroborating to a probable neuroectodermical origin.

Observation: A 74 year-old men presented a 7 year history of a slow-growing, painless, solitary nodule on the right arm. Dermatological examination revealed a 2,5cm diameter well limited hipercromic tumor, central ceratosis, mobile and painless when touched. Histopathology showed in H&E, cells with granular eosinophilic cytoplasm, small round nuclei and presented the characteristic pustulo-ovoid bodies of Milian (larger eosinophilic granules surrounded by a clear halo). The intra-citoplasmatic granules were PAS-positive and the Immunohistochemical reaction with anti-S100 protein antibody revealed positivity. Hence, based on the histopathological findings, the diagnosis of granular cell tumor could be done. Surgery was performed and the tumor was entirely excised.

Key message: Report a rare tumor in an atypical site than described in the literature. The importance of the typical histopathology for the correct diagnosis, as the tumor doesn't present a characteristic clinical presentation.