DERMOSCOPY AND SKIN IMAGING

SUPERFICIAL ACRAL FIBROMYXOMA IN THE HEEL: A RARE TUMOR WITH DERMOSCOPY FEATURES AND AN UNUSUAL PRESENTATION.

C Braghiroli [1] - V Arias [2] - F Gonçalves [2] - L Conrado [1]

Integra Dermatologia, Dermatology, São Paulo, Brazil [1] - Ferdinando Costa, Pathology, São Paulo, Brazil [2]

Background: Superficial Acral Fibromyxoma (SAF) is a rare myxoid tumor described in 2001. Although it is considered a benign tumor, SAF requires surgical excision and follow-up to detect recurrence. Several cases have been reported, although only a few had an unusual presentation like in the heel.

Observation: We present a case of a 66-year-old male who reported a slow-growing lump on the plantar region of his left foot. The clinical examination revealed an exophytic, hyperkeratotic tumor, with an erythematous base located on the plantar aspect of the left heel. Dermoscopy examination revealed a structureless tumor with hyperkeratotic yellowish and homogeneous red areas. A small vascular structure could be seen in the center. A diagnostic shaving biopsy was made with initial diagnosis of verrucous carcinoma and poroma. Histopathological examination revealed hyperkeratosis and acanthosis of the epidermis and the dermis with stellate and spindle-shaped fibroblast-like cells proliferation in a myxocollagenous stroma. No atypia or pleomorphism were detected. Immunohistochemical staining revealed that the cells were positive for CD34 and negative for S100. All these findings were consistent with the diagnosis of SAF. The patient underwent complete surgical excision. There was no evidence of bone involvement in magnetic resonance imaging (MRI). After 12-month of follow-up no signs of recurrence of the lesion has been seen.

Key message: SAF is a rare and benign soft tissue tumor that has predilection for acral extremities, especially subungual and periungual regions. Histopathologically, it consists of spindle cells in a myxoid stroma with immunoreactivity for CD34. Awareness of this tumor is imperative because it has important differential diagnosis. We report a case of SAF occurring in an unusual site with its dermoscopy description and images. To the best of our knowledge, besides this case, there are only five cases reported in literature about dermoscopy features of SAF.