SKIN CANCER (OTHER THAN MELANOMA)

ATROPHIC DERMATOFIBROSARCOMA PROTUBERANS RESEMBLING A PLAQUE-TYPE MORPHEA

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Background: We present a case of a 40-year-old woman who consulted to our clinic for rosacea. On dermatological examination we note in the chest at the level of inframammary midline an unique hyperpigmented plaque, well-circumscribed and depress which had a minimal inflammatory border, about 15 mm diameter. The patient was unaware of the skin lesion evolution over time and did not know when it had first appeared. With the initial diagnosis of plaque-type morphea we solicited a skin ultrasound study that showed a skin lesion with fibrous component and signs of underlying panniculitis not compatible with morphea. Incisional biopsy was performed. Histological examination revealed a fusocellular dermal proliferation extended from the upper dermis to the deep subcutaneous tissue. Immunohistochemical study showed positive staining with CD34, consistent with the dermatofibrosarcoma protuberans (DFSP) diagnosis. PET/CT scan was negative for metastases.

Observation: DFSP is uncommon cutaneous neoplasm of fibrohistiocytic origin with slow growing, locally invasive, with a intermediate grade of malignancy. The atrophic variant of DFSP has been occasional reported and may be clinically confused with morphea, anetoderma, scars, morpheaform basal cell carcinoma and lymphocytoma.

Key message: Atrophic DFSP should be kept in mind for differential diagnosis of atrophic and depressed skin lesions, especially those seen on the trunks of women. In our case high-resolution ultrasound imaging was very useful in the noninvasive evaluation of atrophic cutaneous lesion. It plays a complementary role to physical examination in the assessment of cutaneous disease, to improve the diagnosis, and guide the histological and immunohistochemical study.