SKIN CANCER (OTHER THAN MELANOMA)

SUPERFICIAL ACRAL FIBROMYXOMA: A CASE REPORT

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Background: Superficial acral fibromyxoma (SAFM) is a rare, slow-growing, solitary, soft tissue tumor, which was initially described by Fetsch et al in 2001. It has a predilection for the ungual region of the fingers and toes in middle-aged adults with a male to female ratio of 2:1.

Obsevation: A-31-years-old woman presented with a lesion on her hypothenar region of the palmar face of the left hand for 1 moth, asymptomatic. On examination there was an erythematous nodule, rounded approximately 2cm in diameter, soft, not mobile. It was decided to perform incisional biopsy with the following clinical diagnoses: Giant cell tumor vs leiomyoma vs sweat gland tumor. Three weeks later, a biopsy result was obtained, reporting tumor of spindle cells with mucinosis, at which time the patient presented an exophytic transformation of the lesion constituted by a rounded, erythematous-violaceous neoformation, with necrotic areas, defined edges, irregular surface, approximately 6 cm in diameter, soft consistency, not mobile. It was decided to perform immunohistochemistry which reports Superficial Acral Fibromyxoma, with immunoreactivity for CD34 and Vimentin antibodies. The patient is evaluated by the department of dermatological and oncological surgery, where it is decided to perform complete removal of the lesion. Currently patient does not present lesion recurrence.

Key message: SAFM presents as a slow-growing dermal nodule affecting toes and fingers. Histologically, it is composed of spindled and stellate cells embedded in a myxoid and/or collagenous matrix without significant nuclear pleomorphism or mitotic activity. It shows immunoreactivity for CD34, CD99, EMA, vimentin and CD10. This case is interesting because of the atypical location, age and sex of the patient, as well as her evolution.