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A Rare Neoplastic Growth on the Ear Lobe

Neobvyklá nádorová infiltrace ušního lalůčku

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Summary
We report a case of an 83-year-old previously healthy female patient presenting with a swiftly evolving erythematous violaceous, infiltrative, ulcerated onion-like mass with hyperkeratotic surface on the left ear lobe. The lesion was excised and resulted as an atypical fibroxanthoma, an extremely rare neoplastic growth, being a superficial variant of pleomorphic malignant fibrous histiocytoma. A brief review of diagnosis, treatment and prognosis is discussed.

Key words
skin – clear cell atypical fibroxanthoma – immunohistochemistry – differential diagnosis – head and neck neoplasms – neoplasms – prognosis

Souhrn
Prezentujeme případ 83leté ženy, dosud bez závažných onemocnění, u které byla zjištěna rychle rostoucí, zarudlá nafialovělá infiltrace levého ušního lalůčku, s hyperkeratotickým povrchem cibulovitého vzhledu a ojedinělou ulcerací. Po odstranění byla léze diagnostikována jako atypický fibroxanthom – zcela ojedinělý tumor představující kožní variantu maligního fibrózního histiocytomu. Článek v krátkosti popisuje diagnostiku, terapii a prognózu onemocnění.

Klíčová slova
kůže – světobuněčný atypický fibroxanthom – imunohistochemie – diferenciální diagnóza – nádory hlavy a krku – novotvary – prognóza

The authors declare they have no potential conflicts of interest concerning drugs, products, or services used in the study.

Autoři deklarují, že v souvislosti s předmětem studie nemají žádné komerční zájmy.

The Editorial Board declares that the manuscript met the ICMJE "uniform requirements" for biomedical papers.

Redakční rada potvrzuje, že rukopis práce splnil ICMJE kritéria pro publikace zasílané do biomedicínských časopisů.

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Submitted/Obdrženo: 31. 3. 2014
Accepted/Přijato: 1. 4. 2014

http://dx.doi.org/10.14735/amko2014367

Case report
An 83-year-old previously healthy female patient, agriculturist, presents with a history of an erythematous violaceous infiltrative, ulcerated onion-like mass with hyperkeratotic surface on the left ear lobe (Fig. 1–4). As the patient had a long history of chronic sun exposure and lived in one of the highest melanoma rates areas in the world [1], it was initially thought to be a metastatic melanoma by the surgeon.

The lesion was then completelly excised and sent for pathological analysis, with the result coming as a malignant ulcerated fusocellular neoplasia with negative margins. Further, an immunohistochemical analysis was performed and was negative for all markers, including protein S 100, all the cytokeratins, Melan A/MART 1, protein p53, CD 23 and desmin, compatible with an atypical fibroxanthoma, a very rare form of skin cancer. The atypical fibroxanthoma is a superficial variant of pleomorphic malignant fibrous histiocytoma [2]. Our case has followed the classic presentation as a head and neck tumor in an elderly individual, and to the best of our knowledge just one case in medical literature has been reported in a different topography-on the dorsum of the hand, described almost three decades ago [3].

In a retrospective analysis of Mohs surgery, only 0.2% of the malignant findings were fibroxantomas out of 42,279 patients [4].

Conclusion
Atypical fibroxanthoma normally appears as a swiftly growing nodular or nodulo-ulcerative lesion. It may be composed predominantly of either pleomorphic, spindle, epithelioid cells, or a mixture of these cells. The differential diagnosis includes pleomorphic dermal sarcoma, squamous cell carcinoma, malignant melanoma and leiomyosarcoma [5].

It occurs mostly in older adults and in sun exposed areas [6], with male pre-

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Fig 1. A solitary erythematous nodule with hyperkeratotic and ulcerated surface on the left ear lobe (front view).



Fig. 2. A solitary erythematous nodule with prominent vessels, hyperkeratotic and ulcerated surface on the left ear lobe (side view).

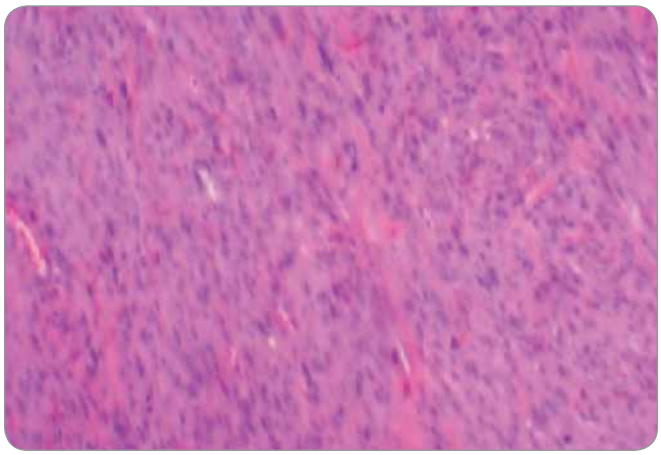


Fig. 3. Fusocelular proliferation in multi-directional bundles (100×).

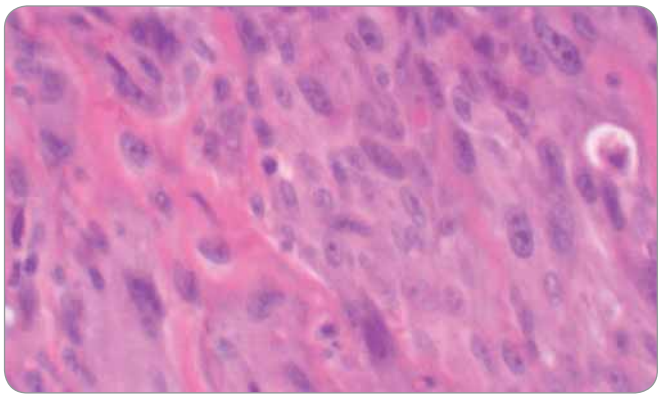


Fig. 4. Proliferation of elongated cells with poorly defined limits, dense eosinophilic cytoplasm, vesiculous or dense nuclei, irregular nuclear membrane and small to moderate diameter variation (400×).

dominance [7] and is a diagnosis of exclusion. The treatment is surgical and the preferred method is the aforementioned Mohs surgery [8]. Even though fibroxanthoma may be locally aggressive [9], the prognosis is usually very good if margins are adequate and these tumors rarely metastasise [7,10].

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