

Calcifying fibrous tumor of axillary region

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Sir,

We report a 17 year-old woman who presented with a 1-year history of left axillary palpable mass. At physical examination the lesion was firm, lipomatous. The breast ultrasonography showed a left voluminous axillary mass, measuring 54mm, hyperechoic and ill limited. A surgical resection of the mass was performed. Grossly, it was a white firm well-circumscribed and lobed mass measuring 15x10x6 cm. Histological examination showed a benign mesenchymal tumor. It consisted of abundant fibrosis with hyalinised vessels, containing mononuclear infiltrate and foci of psammomatous calcifications (Fig. 1). Lymphoid follicles were noted around vessels and psammomas (Fig. 2). The tumor did not show any features of malignancy. Immunohistochemically, the spindle cells were vimentin positive (Fig. 3) and vessels showed CD34 positivity. These features confirmed the diagnosis of Calcifying fibrous tumors. At 4 years of follow-up, the patient was asymptomatic and there was no recurrence.

The patient's informed consent was obtained.

Prior to the study, patient gave written consent to the examination and biopsy after having been informed about the procedure.

Calcifying fibrous tumor (CFT) is a rare, usually solitary, benign tumor of uncertain etiology. The most common sites are the soft tissues of the extremities, pleura, or peritoneum [1]. It usually affects children and young adults, and it is composed of hyalinized fibrous tissue with dispersed bland fibroblastic spindled cells, scattered psammomatous, and/or dystrophic

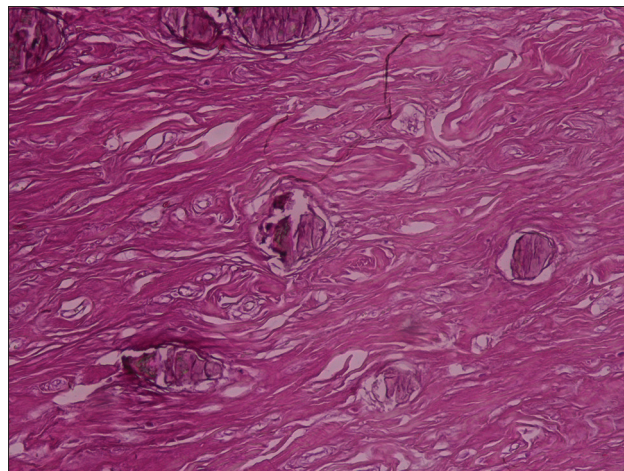


Figure 1: Tumor composed of abundant fibrosis with hyalinised vessels, containing mononuclear infiltrate and foci of psammomatous calcifications.

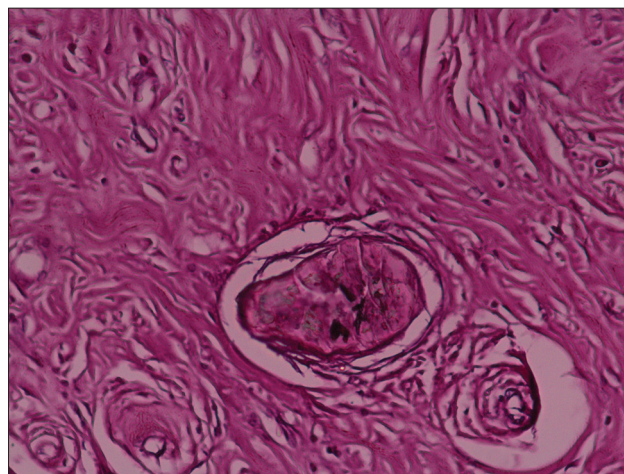


Figure 2: Lymphoid follicles were noted around vessels and psammomas.

calcifications, and variably prominent mononuclear inflammatory infiltrate [2]. Macroscopically, CFT is

How to cite this article: El Hadj OE, Bouhajja L, Goucha A, Hassouna JB, El May A, Gamoudi A. Calcifying fibrous tumor of axillary region. Our Dermatol Online. 2016;7(4):487-488.

Submission: 05.03.2016; **Acceptance:** 25.04.2016

DOI:10.7241/ourd.20164.134

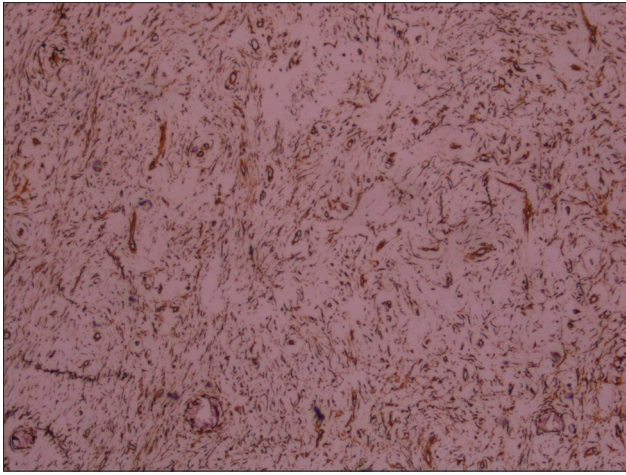


Figure 3: Spindle cells showing strong expression of vimentin.

well circumscribed and unencapsulated. Its diameter ranges from 1 to 15 cm. Their etiopathogenesis has not been fully clarified yet. However, in the literature, there are cases that may be related to trauma and Castleman's disease [3]. Resection of CFT is usually curative. Local recurrence rate is approximately 10% [1].

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles. Written informed consent was obtained from the patient for publication of this article.

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Source of Support: Nil, **Conflict of Interest:** None declared.