

Visual Treats in Dermatology

Giant dermatofibroma on the ankle

Pradeep S. Nair¹, T. V. Nandana¹

¹Department of Dermatology and Venereology, Government T D Medical College Alappuzha, Kerala, India.



***Corresponding author:**

Pradeep S. Nair,
Department of Dermatology
and Venereology, Government
T D Medical College
Alappuzha, Kerala, India.
dvmchtvm@yahoo.co.in

A 16-year-old female presented with a hyperpigmented nodule on the left ankle of one-year duration. The lesion first started as a small asymptomatic brownish-black papule, which later progressed to form the present size with increase in pigmentation. There was no history of any nevus at the site preceding the present lesion. On examination, there was a well-defined hyperpigmented nodule of 3 cm in diameter on the upper left ankle with the surface showing tiny pits [Figure 1]. Dimple sign was negative. Dermoscopy showed a central white area with a few blood vessels, which were nonspecific. An excision skin biopsy showed minimal epidermal changes while the dermis showed a grenz zone with the dermis packed with spindle-shaped histiocytes arranged in whorls and circles in a storiform pattern [Figure 2]. High-power ($\times 400$) magnification showed multinucleate giant cells with blood vessels [Figure 3], all diagnostic of dermatofibroma. Dermatofibromas are benign tumors of the fibrous tissue and may mimic melanoma clinically. Cellular and aneurysmal types are the other histological variants.^[1] Dermoscopy is non-specific but may show central scar, shiny white lines, and atypical vessels.

Received: 30 November 2023
Accepted: 06 December 2023
Published: 23 December 2023

DOI
10.25259/CSDM_254_2023

Quick Response Code:



Figure 1: Well-defined hyperpigmented nodule on left ankle.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2023 Published by Scientific Scholar on behalf of CosmoDerma

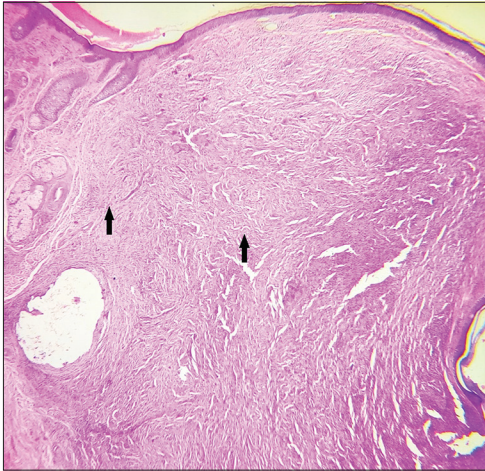


Figure 2: Skin biopsy showing grenz zone, spindle-shaped histiocytes (arrows) arranged in storiform pattern, H and E \times 100.

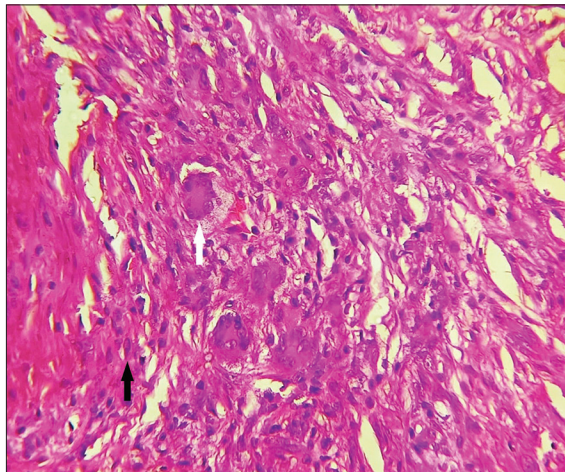


Figure 3: Skin biopsy (High power) showing giant cells (white arrow), blood vessels, and spindle-shaped histiocytes (black arrow), H and E \times 400.

Rarely, malignant transformation to dermatofibrosarcoma protuberans may occur, which stains positive for CD34. Surgical excision is the treatment of choice.^[1]

Ethical Approval

Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCE

1. Gaufin M, Michaelis T, Duffy K. Cellular dermatofibroma: Clinicopathological review of 218 cases of cellular dermatofibromas to determine clinical recurrence rate. *Dermatol Surg* 2019;45:1359-64.

How to cite this article: Nair PS, Nandana TV. Giant dermatofibroma on the ankle. *CosmoDerma*. 2023;3:188. doi: 10.25259/CSDM_254_2023.