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Case Report

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Superficial Acral Fibromyxoma: Case Report

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Abstract

Observation: Superficial acral fibromyxoma is a rare, benign, soft tissue tumor which usually affects the acral sites of hands and feet. It presents clinically as a slow enlarging solitary nodular mass. Hereby, we present a 44-year-old Caucasian female patient with a superficial acral fibromyxoma on the finger. The patient complained of a painful swelling on the middle finger of her right hand. The lesion was surgically removed for further histopathological evaluation. The histopathological evaluation of the specimen revealed fibromyxoma. Although superficial acral fibromyxoma is a rare entity in daily clinical practice, it should be kept in mind in the differential diagnosis of slow growing tumors of the periungual and subungual sites.

Introduction

Superficial acral fibromyxoma is a newly defined rare soft tissue tumor of adults [1]. It was first described in 2001 by *Fetsch* et al. [2]. Most cases of superficial acral fibromyxoma occur in the nail bed. The patients with superficial acral fibromyxoma usually have no history of trauma. Although tumor cells may show nuclear atypia, superficial acral fibromyxoma has a benign course. Asymptomatic patients usually do not seek medical attention, therefore lesions may exist for years before excision [1]. Complete surgical excision is the treatment of choice for superficial acral fibromyxoma. Despite the fact that malignant behaviour has not been reported yet, close follow up is required as recurrence may occur [3].

Case Report

Hereby, we present a 44-year-old female patient with a nodular mass on the right middle finger.

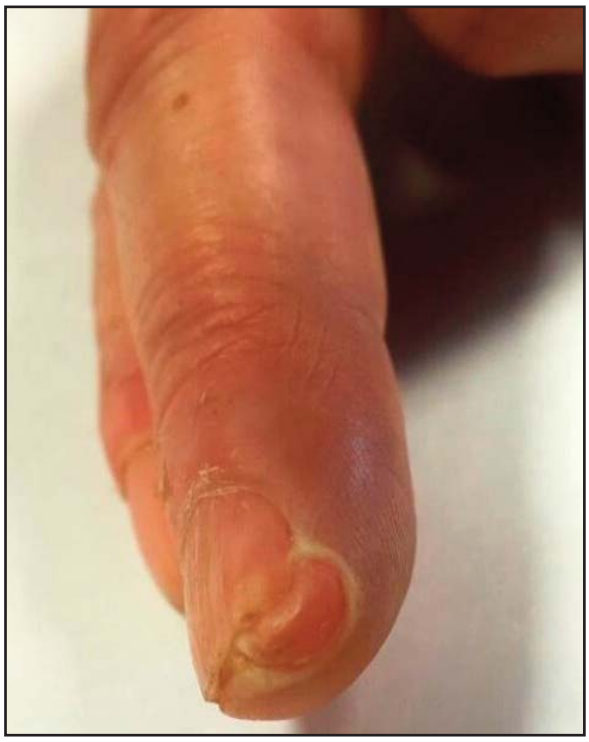

Figure 1. Solitary, skin colored, firm nodule on the tip of the patient's middle finger of the right hand

The patient admitted that the nodular mass grew slowly but progressively in the last five years. The patient complained of pain when pressure was applied to her middle finger. There was no history of trauma. The family history was unremarkable. The physical examination showed a skin colored, well circumscribed, firm nodular lesion measuring 0,1x0,1x0,5 cm, on the tip of her middle finger of the right hand extending into the subungual area **(Figure 1**). The lesion was surgically removed under local anesthesia without any complications. Histopathological evaluation of the specimen revealed fibromyxoma. The patient was informed about the final diagnosis and close follow-up was advised because of the risk of recurrence.

Discussion

Superficial acral fibromyxoma is a rare benign soft tissue neoplasm which was first described in 2001 by *Fetsch* et al. It usually affects adults in the middle ages with slight male predominance [**4**]. Superficial acral fibromyxoma presents as a solitary, well circumscribed, slow growing, asymptomathic nodular lesion [**3**]. The sites of predilection are the subungual and periungual part of hands and feet [**5**]. Moreover, the tumor may affect heels, palms and ankles. Although it is a dermal tumor, subcutaneous tissue involvement is not rare. In some cases, the lesion may extend into periosteum [**6**]. The tumor can cause deformity of the nail bed and erosion of the underlying bone [**7**]. Histopathological examination reveals spindled fibroblast-like and stellate cell proliferation with myxoid or collagenous matrix and hypervascularity. Nuclear pleomorphism and mitotic activity may be found in superficial acral fibromyxomas. Mast cell proliferation can also be identified. In addition, CD34, CD99, CD10 and epithelial membrane antigen (EMA) immunoreactivity can be detected in the tumor cells [**3**]. Myxoid dermatofibrosarcoma protuberans, myxoid neurofibroma, myxoid fibrous histiocytoma, low grade myxofibrosarcoma and acquired digital fibrokeratoma should be kept in mind in the differential diagnosis of this rare entity [**8**]. Complete surgical removal of superficial acral fibromyxoma with adequate margins should be performed. Histopathological evaluation is mandatory to rule out malignancy. The patients should be carefully followed up because of the risk of recurrence of the tumor [**9**]. Inadequate resections increase the risk of recurrence and the recurrence rate lies between %10 and %24 [**6**]. Metastasis of superficial acral fibromyxoma has not been reported yet [**10**]. Although superficial acral fibromyxoma is a rare entity in clinical practice, it should be kept in mind in differential diagnosis of slow growing tumors of the periungual and subungual sites.

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