

13-year-old massive facial desmoplastic fibroblastoma in a 50-year-old patient

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Abstract

Desmoplastic fibroblastoma is a benign soft tissue tumor of fibroblastic and myofibroblastic origin. The present case report depicts an unusually large desmoplastic fibroblastoma, in a 50-year-old female. The lesion presented on the left side of the face, mimicking a soft tissue malignancy. Keywords: benign, desmoplastic, fibroblastoma, female.

INTRODUCTION

Evans et al¹ in 1995 described desmoplastic fibroblastoma (DF) as a benign soft tissue tumor.¹ A comprehensive report on DF was published in 1996 by Neilsen et al.² In the Neilsen et al case series the lesion was categorized as fibrous tumors with clinical, pathological, and molecular features depicting DF. Based on the histopathological observation of Neilsen et al, the term collagenous fibroma was suggested for DF.²

CASE PRESENTATION

50 years old female reported to the outpatient department of Oral and Maxillofacial Surgery with a chief complaint of facial swelling. Clinical history revealed a 13-year duration for the swelling. Following examination, a soft tissue swelling measuring (10x9x2) cm was noted on the left side of the face as depicted in Figures 1a and b. On palpation, the swelling was firm and non-tender. The skin overlying the swelling was normal.

DIAGNOSIS

Incisional biopsy was taken from the most dependent part of the lesion and was subjected to histopathological examination. Microscopic examination showed a non-encapsulated lesional tissue consisting of proliferation of uniform spindle and stellate cells fibroblasts with large oval nuclei and bi or tri nucleation, immersed in an abundant hypocellular dense collagenous stroma. Focal areas of myxoid tissue with inconspicuous vasculature were noted as depicted in figure 1c.

MANAGEMENT

Treatment included a wide local excision of the lesion under general anesthesia. The lesion was approached by Weber Ferguson's incision. During the surgery, it was noted that the tumor was attached to the left side of the buccal vestibule in the molar premolar region of the maxilla with a broad base. The tumor was

removed in toto. Teeth and root stumps on the left side of the upper and lower quadrant were removed after excision of the lesion as the teeth in the area were mobile and displaced lingually by the lesion. After the excision of the lesion, the sagging skin of the cheek was excised by giving an elliptical incision of size about (1x3) cm and was closed primarily.

Acknowledgement

None

Conflict of Interest

None

Author Contribution

All the authors contributed to the writing of the manuscript.

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Ethical Approval

Ethical approval was not required from the institution, in accordance with our country's law, as this was a case report.

Consent

Written informed consent was obtained from the patient to publish this case image in accordance with the journal's patient consent policy.

Data Availability Statement

The data that support the findings of this article are available from the corresponding author upon reasonable request.

References

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