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

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

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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-

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

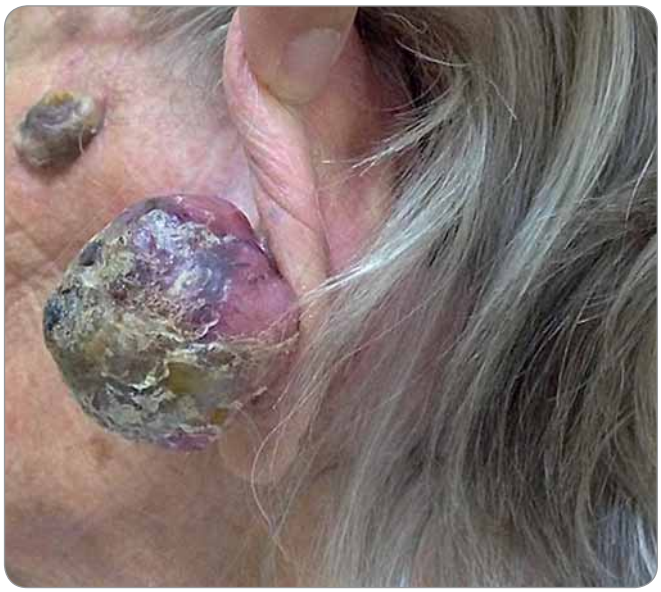

Fig. 2. A solitary erythematous nodule with prominent vessels, hyperkeratotic and ulcerated surface on the left ear lobe (side view).

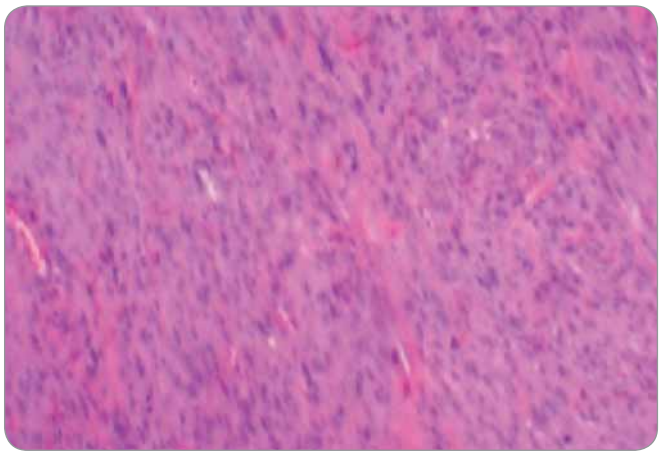

Fig. 3. Fusocelular proliferation in multi-directional bundles (100×).

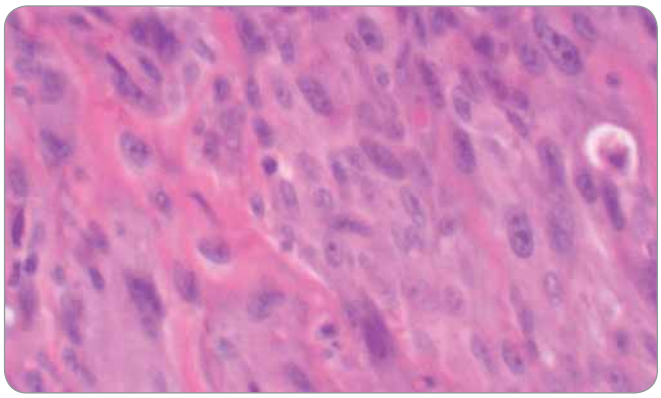

Fig. 4. Proliferation of elongated cells with poorly defined limits, dense eosinophilic cytoplasm, vesiculous or dense nuclei, irregular nuclear membrane and small to moderate diameter variation (400×).

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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