

### boards fodder



**Kristina M. Lim, DO,** is an MSDO Fellow at Lehigh Valley Health Network in Allentown, Pennsylvania.



**Emily McEldrew, DO,** is a PGY-4 chief resident at Lehigh Valley Health Network in Allentown, Pennsylvania.



**Cynthia L. Bartus, MD, FAAD, FACMS,** is the dermatology program director and the MSDO fellowship director at Lehigh Valley Health Network, in Allentown, Pennsylvania.

## Dermatofibrosarcoma protuberans

By Kristina M. Lim, DO, Emily Chea McEldrew, DO, and Cynthia L. Bartus, MD, FAAD, FACMS

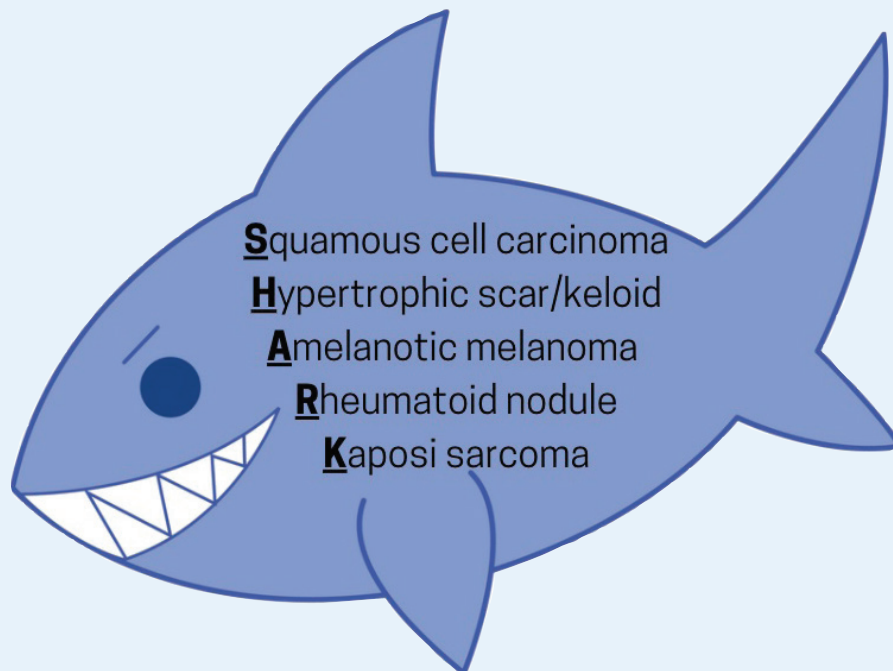
<b>What</b>	Rare soft tissue tumor of intermediate malignancy (low rate of metastasis, high rate of local recurrence) involving dermis, subcutaneous fat, occasionally muscle and fascia
<b>Who/when</b>	Young- to middle-age adults No sex predilection
<b>Why</b>	Translocation between chromosomes 17 and 22 → fusion of COL1A1-PDGFB (90% of cases)
<b>Where</b>	Shoulder or pelvic region are most common Trunk (50-60%) Proximal extremities (20-30%) Head and neck (10-15%)

### Clinical features

- First appears slow-growing and asymptomatic
- Evolves into large, red-brown, indurated plaques or nodules that feel firmly attached to subcutaneous tissue
- May also grow rapidly during pregnancy

### Clinical ddx

SHARK - squamous cell carcinoma, hypertrophic scar/keloid, amelanotic melanoma, rheumatoid nodule, Kaposi sarcoma



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### Histologic features

Monotonous spindle-shaped cells arranged in a storiform or “herringbone” pattern. Cells obliterate adnexal structures and infiltrate the subcutaneous tissue in a “honeycomb” pattern.

- + Stains:
  - CD34
- Stains:
  - Factor XIII
  - Stromelysin-3
  - D2-40

### Histologic ddx

Plaque stage: atrophic dermatofibroma, dermatomyofibroma, fibroblastic connective tissue nevus, and neurofibroma

Nodular stage: deep dermatofibroma, fibrosarcoma, and malignant peripheral nerve sheath tumor

### Management

#### Surgical

- Mohs surgery (98-100% cure rate). Treatment of choice.
- Wide local excision (WLE): 2-4 cm margins extending to superficial muscular fascia. (93% cure rate)

#### Radiation

- For unresectable or recurrent tumors or postoperatively for positive surgical margins. (86-93% cure rate)

#### Systemic medications

- Imatinib - oral tyrosine kinase inhibitor for unresectable, recurrent, or metastatic DFSP in adults. Evaluate for a t(17:22) translocation prior to therapy. (65% response rate)

Metastasis: Lungs are the most common site.

- Multidisciplinary consultation for possible further treatment is recommended for tumors with fibrosarcomatous degeneration, due to its increased metastatic potential.

Recurrence: Variable depending on treatment; most likely to occur within three years.

Follow-up: Clinical follow-up q3-6 months for first three years, annually thereafter.

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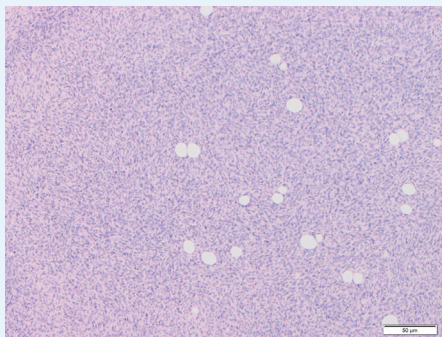
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### Additional histologic features

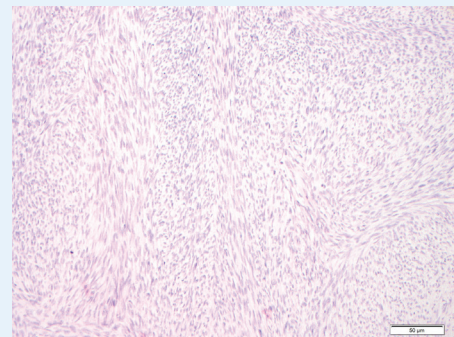
5% of DFSPs contain melanin and are referred to as Bednar tumors.

Fibrosarcomatous degeneration is considered a form of tumor progression, histopathologically demonstrated by a change from storiform to herringbone pattern with increased mitotic activity, cellularity, atypia, and often loss of CD34 staining. It is associated with a greater metastatic risk (15-20%) compared to classic DFSPs.

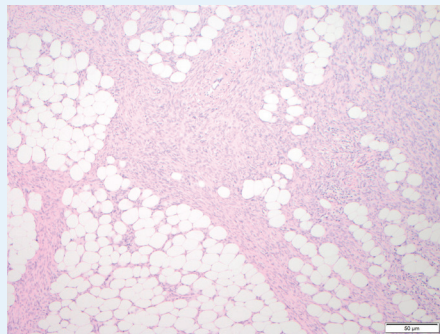
Punch or incisional biopsy, preferably of deeper subcutaneous layer for sufficient tissue sampling and accurate pathologic assessment.



Storiform pattern



Herringbone pattern



"Honeycomb" pattern

### References:

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9. Histology slides courtesy of Marisa Baldassano, MD.