



Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/18177

DOI URL: <http://dx.doi.org/10.21474/IJAR01/18177>



RESEARCH ARTICLE

SUPERFICIAL ACRAL FIBROMYXOMA WITH SUB-MATRICIAL LOCATION: A CASE REPORT WITH DERMOSCOPIC FEATURES

M. Aboudourib, S. Karimi, Ouafa Hocar and S. Amal

Department of Dermatology, University Hospital Center Mohammed VI, Bioscience and Health Laboratory, FMPM, Marrakech, Morocco.

Manuscript Info

Manuscript History

Received: 16 November 2023

Final Accepted: 21 December 2023

Published: January 2024

Key words:-

Sub-Matricial, Superficial Acral
Fibromyxoma, Dermoscopy

Abstract

Superficial acral fibromyxoma (SAF) is a rare benign, soft tissue neoplasm preferably located on the digits. Awareness of this rare tumor is important because of amounts of benign and malignant neoplasms. SAFM is diagnosed with clinicopathological and immunohistochemical examination. To date few cases were reported with dermoscopic images in literature. This report describes the clinicopathologic features and dermoscopic findings of SAF with a sub-matricial location identified in a 60-year-old woman.

Copy Right, IJAR, 2024. All rights reserved.

Introduction:-

Superficial acral fibromyxoma (SAF) is a benign and rare tumor of the soft tissues, it was first described by Fetsch in 2001 [1]. Nearby 314 reported cases of superficial acral fibromyxoma with variable locations were found in the current literature [3]. Herein we illustrate a new case of SAF with sub-matricial location, and discuss the dermoscopic features.

Case Report

A 60-year-old woman presented to our dermatology department with a nail deformation on her 4th right finger evolving progressively for 5 years. Physical examination revealed a slightly tender mass deforming the nail plate into a ventral pseudo-ptyerygium. Dermoscopy (Dermlite 4, non-polarized mode), objectified a white area without structure, a milky red area, linear vessels, a longitudinal fissure with black "dirty dots" and brownish-yellow subungual hyperkeratosis. The radiological examination was normal, without calcifications, bone erosion or periosteal reaction. The histopathological examination of the excision showed a well-limited and non-encapsulated benign tumor proliferation, it is made of regular spindle or stellate cells dissociated by collagen fibers with an abundant myxomatous stromal background. In the immunohistochemical study, the tumor cells were positive for CD34 and CD99, and negative for EMA. The diagnosis of SAF with sub-matricial location, was made and the evolution was good with complete healing without recurrence after 6 months of follow-up.

Discussion:-

SAF with sub-matricial location, is an exceptional benign tumor. Only seven cases had a sub-matricial presentation [2] of which only two reported dermoscopic features.

SAF with sub-matricial location, is classically presented as a sub-matrix mass deforming the nail plate [1] or may be responsible for a pseudo-digital hippocrasis, macro-triangular lunula or onychogryphosis [2]. Longitudinal

Corresponding Author:- Maryem Aboudourib

Address:- Centre Hospitalier Mohammed VI Hôpital ARRAZI /BP : 2360 Avenue Ibn Sina
Amerchich Marrakech.

melanonychia was recently reported by Ho et al [3]. Its growth is slow and asymptomatic. It is predominantly male with a sex ratio of 2 [4].

The particularity of our case is the occurrence of SAF in a woman in the form of a painful sub-matrix mass deforming the shelf into a ventral pseudopterygium.

The diagnosis of sub-matrix SAF is made by clinicopathological and immunohistochemical examination. Dermoscopy can be an aid to positive diagnosis. Cutaneous SAF can classically present as a white pseudoscarring area, bright white striae and arborescent vessels [5], a red area without structure [6], a white pseudoscarring area with small vessels perpendicular to the surface [7], a yellow area without vascular structures [8], a yellow area with digitiform projections [1], longitudinal trachyonychia, onychorrhexis and subungual hemorrhage.

Dermoscopy of sub-matrix SAF is similar to that of cutaneous locations. In our case, dermoscopy revealed a white area without structure, a milky red area, linear vessels, a longitudinal fissure with black "dirty dots" and a brownish yellow subungual hyperkeratosis.

The treatment of SAF is surgery with complete resection of the tumor, incomplete resection may be responsible for recurrence in 20% of cases [6].

Conclusion:-

SAF is a benign, rare soft tissue tumor of a tendency of localization in acral areas especially on the nail bed with distinct clinicopathologic, immunohistochemical and dermoscopic characteristics. Our case describes the dermoscopic features of SAF with submatricial location. It is crucial to recognize this diagnosis due to the rarity of this new entity.



Figure1:- Clinical aspect of superficial sub-matrix acral fibromyxoma of the 4th finger.

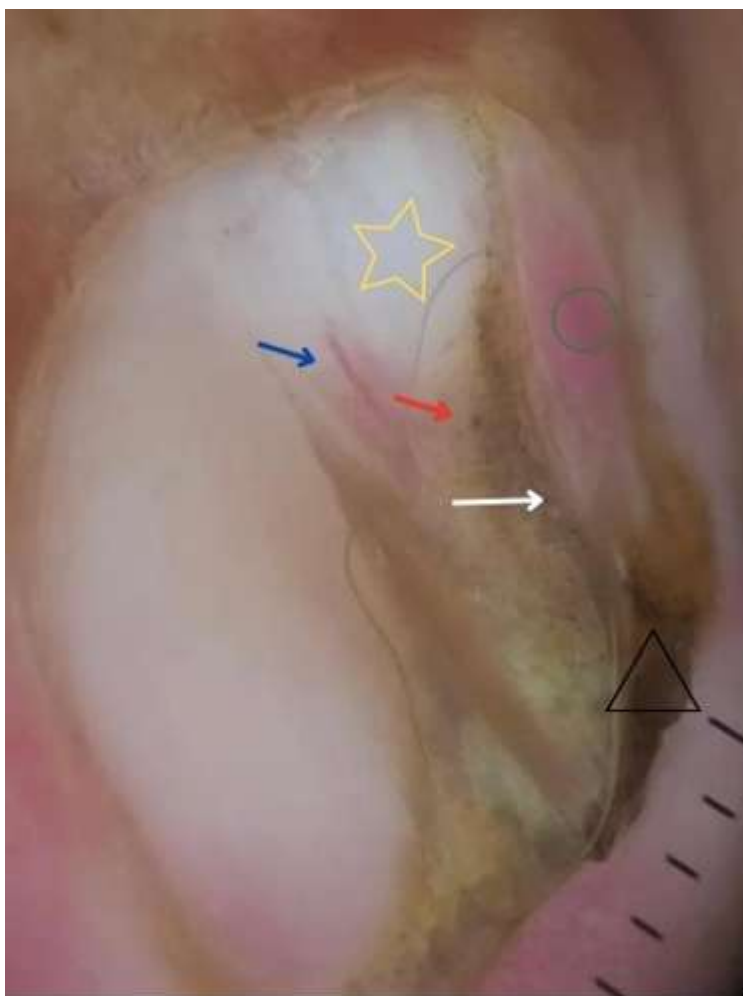


Figure 2:- Dermoscopic features of superficial acral fibromyxoma: white area without structure (yellow star), milky red area (green circle), linear vessels (blue arrow), longitudinal fissure (white arrow), dirty dots (red arrow), brownish yellow hyperkeratosis (black triangle)

References:-

1. Sialiti S, Abdelmouttalib A, Snouci K, Meziane M. subungual acral fibromyxoma: New dermoscopic features. *Our Dermatol Online*. 2021;12(e): e9
2. Chabbab F, Metz T, Saez Beltran L, Theunis A, Richert B. Superficial acral fibromyxoma in a sub-matrixial location: An unusual variant. *Ann Dermatol Venereol*. 2014;141(2):94–105.
3. Ho G, Kurek C, Stewart D, Martin L. An unusual growth in the nail matrix: A case of superficial acral fibromyxoma. *Skin Health Dis*, 2022 May 3;2[3]:e121.
4. Awaya JL, Khachemoune A. Superficial acral fibromyxoma. *Int J Dermatol*. 2015;54:499508.
5. Aguado M, Meseguer C, Tardío JC, Borbujo J. Dermoscopy of acral fibromyxoma. *J Am Acad Dermatol* 2014;70(1):e5-6.
6. Grigore L, Baican CI, Botar-Jid C, et al . Clinico-pathologic, dermoscopic and ultrasound examination of a rare acral tumour involving the nail - case report and review of the literature. *Clujul Med* 2016;89(1):160-164
7. Cullen D, Díaz Recuero JL, Cullen R, Rodríguez Peralto JL, Kutzner H, Requena L. Superficial Acral Fibromyxoma: Report of 13 Cases with New Immunohistochemical Findings. *Am J Dermatopathol* 2017;39(1):14-22.
8. Sánchez Neila N, Fonda Pascual P, Hermosa Zarza EM, García del Real CM, García de la Vega MU. A solitary hyperkeratotic papule on the palm. *Indian J Dermatol Venereol Leprol* 2016;82(2):237-238.