

BİLATERAL ELASTOFIBROMA DORSİ, OLGU SUNUMU

Bilateral Elastofibroma Dorsi; Case Report

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ÖZET

Elastofibroma dorsi (ED) nadir, benign yumuşak doku tümörüdür. Sıklıkla subskapuler bölgede bulunur. Sıklıkla bilateral olup, orta ve ileri yaş kadınlarda bulunur. Patogenezi açık değildir, ancak reaktif, dejeneratif veya neoplastik gelişimleri destekler. Biz 54 yaşında bayan hastada subskapuler bölgede yerleşen ED olgusunu sunuyoruz. ED yaşlı hastalarda omuz kitlelerinde ayırıcı tanıda düşünülmelidir. Semptomatik hastalarda total rezeksiyon seçilecek tedavidir.

Anahtar kelimeler: *Elastofibroma dorsi; Skapula; Eksizyon*

ABSTRACT

Elastofibroma dorsi (ED) is a rare, benign soft tissue tumor. Usually found in the subscapular region. It often presents bilaterally, is more common in middle-aged and elderly women. The pathogenesis is still unclear but it has been suggested to involve reactive, degenerative, or neoplastic processes. We present a 54-year-old women who had a bilateral ED in the subscapular region. ED must be considered in the differential diagnosis of shoulder masses in elderly patients. Total resection is the treatment of choice in symptomatic patients.

Keywords: *Elastofibroma dorsi; Scapula; Excision*

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INTRODUCTION

Elastofibroma dorsi is a relatively rare benign tumor of the fibrous tissue. Usually located in the subscapular region in elderly individuals, particularly females. It is rarely found at other sites. Most elastofibromas are bilateral, and asymptomatic. Patients with elastofibroma dorsi is a slowly growing proliferation of collagen and abnormal elastic fibers. Elastofibromas are gray-white or tan in color and measure 5-10 cm in diameter. Subclinical elastofibromas have been found at autopsy. The treatment of this lesion is total resection, in clinical patients.

CASE REPORT

A 54-year-old woman with a 1-year history of pain on the back and with a 2 months history of swelling located under the left and right scapula. Computed tomography showed bilateral solid soft tissue tumors under the scapula (Figure 1).



FIGURE 1. Axial noncontrast CT scan shows large subscapular mass, between the ribs and the serratus.

The tumor on the left side was resected surgically. Tumor structure 9x9cm size that has capsule at outer side has seen on macroscopic evaluation of radical resection specimen. The cut surface has a variegated fibrous areas. The fibers, which account for almost 50% of the tissue, stain black with the Verhoeff elastic stain. The fibers contain elastin but not fibrillin-1. Some fibers are branched while others show a serrated edge. They hypocellular and composed of swollen collagen bundles admixed with numerous, irregular,

homogen-deeply eosinophilic fibers in microscopic evaluation (Figure 2,3).

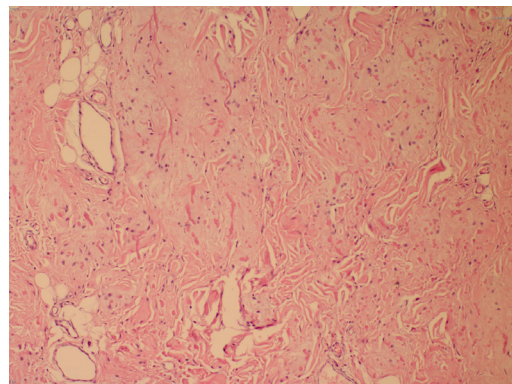


FIGURE 2. Elastofibroma, Altered elastic fibers in a collagenous matrix 10xHE

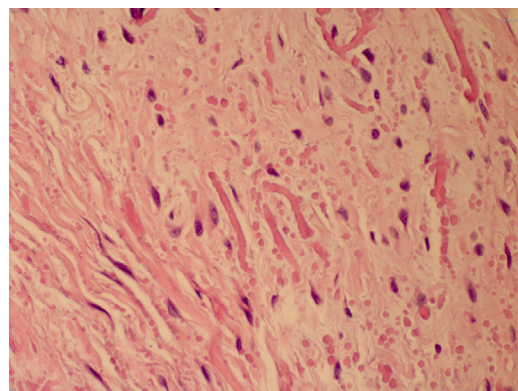


FIGURE 3. Elastic fibers in cross section showing a characteristic serrated edge. 40XHE

Elastic stain Verhoeff showed deeply staining elastic fibres, serrated margins and globoid elastic fibers as our cases (Figure 4,5). Elastin stain showed deeply staining branched and unbranched fibres exhibiting a central dense core and serrated margins in our case. Widespread positive staining with vimentin immunohistochemical staining. Smooth muscle actin(SMA), s100 has been observed negative results. Tumor was diagnosed histopathologically elastofibroma. Eleven months later resection of the tumor on the left side. The tumor resection was performed on the right side of the case. Total resection of the tumor on the right side. Tumor structure 10x9cm size that has capsule at outer side has seen on macroscopic evaluation of radical resection specimen. Tumor was diagnosed histopathologically elastofibroma.

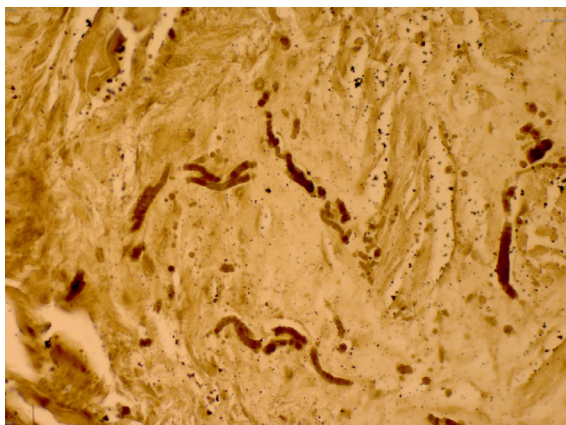


FIGURE 4. Hemotoxilen eosin stain shows elongated and globoid elastic fibers. 40XHE

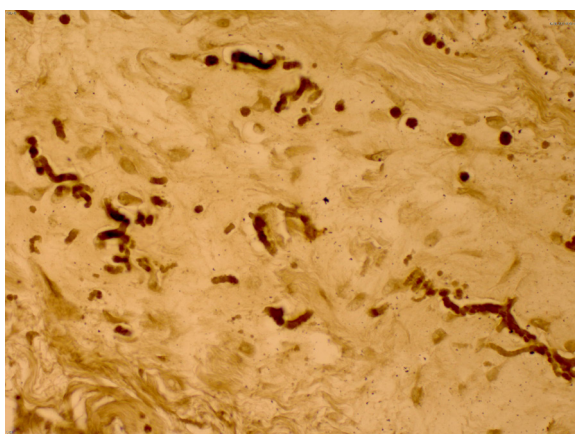


FIGURE 5. Verhoeff elastin stain showed deeply staining branched and unbranched fibres 40xHE

DISCUSSION

Elastofibroma dorsi is slowly growing an exceedingly rare benign condition of soft tissue origin. Originally described by Jarvi and Saxen in 1961 as Elastofibroma dorsi(1). Elastofibroma typically occurs in the lower subscapular area often occur bilaterally (1-4). It is rarely found at other like the axilla, trochanter, elbow, stomach, rectum, omentum, eye, hand, and foot. The site of occurrence was in the typical subscapular area in our case too. Briccoli et al.(3) reported in their series of 9 patients that the tumour was bilateral, Vastama-

ki (5) reported in a series of 5 patients Naylor et al.(4) reported in their series of 12 patients that the tumour was bilateral that the diagnosis was at the presence of firm subscapular patients underwent surgical excision. In our case, elastofibroma was bilateral. All the series of elastofibroma reported in the literature showed elastofibroma was particularly females. Most patients are elderly, with a peak incidence during the sixth and seventh decades of life(5), only rare lesions have been described in children. Our case was 54 year-year-old women. The pathogenesis of most elastofibromas is still unknown but that may represent a reaction to prolonged mechanical stress, possibly involving disturbed -reactive hyperproliferation of fibroelastic tissue by periosteal-derived cells(1,2). The lesion is ill-defined, gray-white or tan in color, spherical, firm and measure 5-10cm in diameter(1-4). Our cases were 9x9cm and 10x9cm. Microscopic evaluation showed that the tumour consists, of a mixture of intertwining swollen, homogenous dense eosinophilic collagen and elastic fibers in about equal proportions associated with fibroblasts, small amounts of interstitial mucoid material and variably size aggregates of mature fat cells.

Negamini et al.(2) have described a reported 170 patients with elastofibroma.

they consist of fragmented and enlarged elastic fibres embedded in collagenous matrix.

Typically elastic fibers have a degenerated appearance, and fragmented into small flower-like, serrated disks or globules.

Elastic stains(Verhoeff, Wiggert, Gomori) reveal deeply staining, branched and unbranched fibers that have central dense core, irregular serrated margin. Elastofibroma dorsi is stained positively with vimentin as in our case, but not with SMA, S100 immunohistochemically. Pathologic findings are diagnostic.

CONCLUSION

Elastofibroma is a benign lesion and best treated by conservative excision given that local recurrence is rare (3). Total resection is the treatment of choice in symptomatic patients. There are no reports of malignant transformation. Ten months postoperatively, our patient is disease free.

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