Case Report: A Rare Case of Right Thigh Dermatofibrosarcoma Protuberan (DFSP)

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INTRODUCTION:

Dermatofibrosarcoma Protuberan (DFSP) is a rare, low to intermediate grade soft tissue sarcoma deriving from the dermal layer of the skin (1). Although it is mostly benign in its primary stages, it can cause a high burden of morbidity unless it is thoroughly excised. Lesions tend to grow slowly and may originally present as a painless, skin-colored plaque with possible dark red or blue discoloration. (2) As the DFSP grows to late stages, it can be ulcerative, painful, and bleeding, in contrast to a low-grade lesion (2). We are reporting a rare case of Dermatofibrosarcoma Protuberans that presented with ulcerative bleeding and fungating appearance.

REPORT:

Mr S is a 42 years old Malay gentleman with no known medical illness presented with right thigh mass started since 2 years ago. Patient initially presented with painful swelling associated with bleeding. Patient claimed the size increase gradually. He notice the swelling ruptured and notice purulent discharge hence patient came to seek treatment. Patient denied constitutional symptoms.

On Examination, a pedunculate mass measuring $10 \mathrm{cm} \times 7 \mathrm{cm}$ on right thigh area . Macroscopically , the mass appear to have fungating appearance associated with foul smelling discharge . The mass are not tender and the structure appear to be mild tender. Plain Radiograph of right thigh was done. Radioopaque structure appear on right thigh non invading the bone.

Intraoperatively, the whole tumour was removed. The structure did not breach the underlying fascia . Right inguinal lymph node was excised. Histopathology reported to be fibrosarcomatous variant of dermatofibrosarcoma protuberant.

During Follow up, the wound is well healed. No complication seen. Patient are happy with the outcome of the operation.



Figure A: Swelling of Medial Aspect of right thigh



Figure B: Fungating, ulcerative bleeding and necrotising on the surface of the tumour

DISCUSSION:

The appearance of Dermatofibrosarcoma varies from stage to stage. This tumour commonly mimics other tumour such as lipoma, cyst or scars. The gold standard treatment for Dermatofibrosarcoma Protuberans remains Wide Local Excision. Non Surgical treatment such as radiotherapy, chemotherapy can be considered. Radiotherapy should be considered in cases of positive or inadequate margins, in cases of recurrence or cases of unacceptable functional or cosmetic results after wide excision, in combination with surgery. Problems such as poor wound healing, flap necrosis and oedema should be taken into consideration. Chemotherapy such as imatinib is indicated for unresectable, metastatic or recurrence tumours.

REFERENCES

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