Intimate Nodularity

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On behalf of;

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50yo female

- 10 year history of firm flesh coloured papules and plaques over her left mons pubis
- Remained relatively stable until about 6 months ago
- Very difficult to engage in sexual intercourse
Background

**Medical History:**
Depression

**Medications:**
Citalopram
NKDA

**Family History:**
Nil

**Social History:**
Histology
Dermatofibrosarcoma Protuberans (DFSP)
Plan

• Referred to sarcoma MDT

• MRI scan and CT chest - ? sarcomatous transformation
DFSP

• Uncommon locally aggressive cutaneous soft tissue sarcoma

• >90% are characterized by a unique translocation t(17;22)

• Approximately 85 - 90 % low grade

• Most often arises in adults in their thirties

• Rarely metastasize - propensity to recur locally
Clinical Presentation

- Asymptomatic indurated plaque that slowly enlarges over months to years

- Covered by skin-colored, brown-yellow, red-tinged, telangiectatic atrophic skin

- Early lesions may be violet-red or blue at the margins

- As the tumor slowly enlarges, it becomes nodular

- Once nodular - growth is often accelerated, and the tumor may ulcerate, bleed, or become painful..
Conclusion

• A rare low- to intermediate-grade cutaneous sarcoma with little metastatic potential but a significant propensity for local recurrence

• Most commonly presents as an asymptomatic, skin-colored indurated plaque that slowly enlarges over months to years

• Trunk and proximal extremities

• CD34 is one of the most useful stains to differentiate DFSP from dermatofibroma and other soft tissue tumors.

• The optimal treatment is complete resection with negative margins
References

