CASE AND RESEARCH LETTERS

Cutaneous Solitary Fibrous Tumor: A Spindle Cell Neoplasm With Distinctive Immunohistochemical Features

Tumor fibroso solitario cutáneo: una neoplasia fusocelular con una inmunohistoquímica particular

To the Editor:

Solitary fibrous tumor (SFT) is a mesenchymal tumor that typically arises in the pleural cavity. Extrapleural locations, such as the skin, are rare.\(^1\) Cutaneous SFT, alongside dermatofibrosarcoma protuberans (DFSP), spindle cell lipoma, dendritic fibromyxolipoma, and superficial acral fibromyxoma, forms part of the family of spindle cell tumors that express CD34.\(^2,3\)

A 44-year-old woman presented with a slow-growing lesion in the right inguinal region that had been present for 2 years. Physical examination revealed a firm pedunculated tumor with a wide base measuring 1.2 cm in diameter. The tumor was excised.

Histopathologic examination showed a polypoid, nonencapsulated lesion with a well-circumscribed dermal proliferation of variable cellular density composed of monomorphic, elongated, oval nuclei.

Figure 1 A, Polypoid, nonencapsulated lesion with a well-circumscribed dermal proliferation (hematoxylin-eosin, original magnification \(\times 20\)). B and C, Note the abundant extracellular collagenous matrix in some areas of the tumor (hematoxylin-eosin, original magnification \(\times 100\) [A] and \(\times 200\) [B]). D, Detail of cells with monomorphic elongated, oval nuclei (hematoxylin-eosin, original magnification \(\times 400\)).

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of a meningeal membrane
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haphazardly observed for SFT, and as occurs with SFTs in other locations, STAT6 has a key role in establishing an accurate diagnosis. Distant metastasis has not been observed in cutaneous SFT, but there have been 3 reports of local recurrence. Cutaneous SFT, thus, like its counterparts in other locations, is considered to be a borderline tumor and hence complete surgical excision is recommended.1

Conflicts of Interest

The authors declare that they have no conflicts of interest.

References


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Figure 2 A, Diffuse immunohistochemical staining of tumor cells for CD34 (CD34, original magnification ×200). B, Nuclear staining of Stat 6 (Stat 6, original magnification ×200).

NAB2-STAT6 fusion genes were specific to SFT, indicating that the study of these genes could be of use in overlap cases.2 Nuclear immunostaining with STAT6 has high sensitivity and specificity, with positivity rates ranging from 91% in meningeal SFTs to 100% in soft tissue SFTs.3,5,7 Immunohistochemical markers are important diagnostic tools in cutaneous SFT, and as occurs with SFTs in other locations, STAT6 has a key role in establishing an accurate diagnosis. Distant metastasis has not been observed in cutaneous SFT, but there have been 3 reports of local recurrence.1,5,9 Cutaneous SFT, thus, like its counterparts in other locations, is considered to be a borderline tumor and hence complete surgical excision is recommended.1

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