A Retrospective Review of 93 Cases of Cellular Dermatofibromas

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A Retrospective Review of 93 Cases of Cellular Dermatofibromas

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Background

- Cellular dermatofibromas (CDF) are an uncommon variant of benign fibrous histiocytoma (BFH).
- CDF are likely under recognized given similarities with other aggressive skin conditions.
- Rate of local recurrence of CDF ranges anywhere from 17-50%. 1-3
  - CDF may metastasize and even cause death. 4-8
Aims

• Describe patient demographics, clinical characteristics, treatment modalities, recurrence rates, and specialty services that most frequently encounter CDF.
• Facilitate early recognition and treatment of this potentially aggressive diagnosis.
Methods

• Natural language search of the dermatopathology medical record system (Co-Path)
• 93 patients with pathology-proven CDF identified.
• Collected baseline patient demographics, clinical characteristics, specialty service of diagnosis and treatment, treatment modality, and outcome.
Patients found through our 10-year search using the following terms: Cellular dermatofibroma, Dermatofibroma with cellular features, Cellular fibrous histiocytoma

114 patients found

19 were excluded due to inappropriate diagnosis

95 patients included in study

3 patients deceased

54 lost to follow-up

11 patients followed-up for only one appointment after treatment

29 patients followed for two or more appointments (or >2 years) after initial diagnosis.

19 patients had no recurrences

8 patients recurred

2 patients had ≥ 3 recurrences

19 were excluded due to inappropriate diagnosis
## Results

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>42.65 ± 16.7 (range 6-85)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex:</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>51 (54.84%)</td>
</tr>
<tr>
<td>Male</td>
<td>42 (45.16%)</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>32 (34.41%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>29 (31.18%)</td>
</tr>
<tr>
<td>African-American</td>
<td>23 (24.73%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3 (3.26%)</td>
</tr>
<tr>
<td>Indian</td>
<td>2 (2.15%)</td>
</tr>
<tr>
<td>Arabic</td>
<td>2 (2.15%)</td>
</tr>
<tr>
<td><strong>Location of Cellular Dermatofibroma:</strong></td>
<td></td>
</tr>
<tr>
<td>Extremity</td>
<td>43 (46.24%)</td>
</tr>
<tr>
<td>Trunk</td>
<td>24 (25.81%)</td>
</tr>
<tr>
<td>Acral</td>
<td>12 (12.90%)</td>
</tr>
<tr>
<td>Face</td>
<td>7 (7.53%)</td>
</tr>
<tr>
<td>Scalp</td>
<td>5 (5.38%)</td>
</tr>
<tr>
<td>Neck</td>
<td>2 (2.15%)</td>
</tr>
</tbody>
</table>
Results

The bar chart shows the absolute number of patients treated with different types of procedures. The procedures listed from left to right are: None, Re-Excision, NOS, Wide Local Excision, Mohs, Surgical Excision, and Unknown. The y-axis represents the absolute number of patients treated, ranging from 0 to 30. The chart indicates that the highest number of patients were treated with None (over 25), followed by Re-Excision and Wide Local Excision. The lowest numbers are for Unknown and Surgical Excision.
Histology and Immunohistochemistry
Discussion

• It is appropriate to counsel patients with CDF about high local recurrence rate.

• For patients with positive lateral and/or deep margins, we recommend a discussion regarding re-excision of the lesion.
References