

CASE REPORTS

DERMATOFIBROSARCOMA PROTUBERANS OF SCALP

V K Kapoor, Sunil Kumar, T K Chattopadhyay and L K Sharma

An elderly male had recurrent dermatofibrosarcoma protuberans of the scalp with pulmonary metastasis. The tumour was excised and the defect repaired with skin graft.

Key words : Dermatofibrosarcoma protuberans.

Dermatofibrosarcoma protuberans is a rare skin neoplasm, only 600 cases having been reported in the literature.¹ It occurs most commonly on the trunk. Local recurrence after excision is common, but haematological spread and distant metastases are rare. We have recently treated a case of recurrent dermatofibrosarcoma protuberans of the scalp with pulmonary metastasis.

Case Report

A 50-year-old male had an asymptomatic swelling on the scalp for the last 35 years. It was increasing in size very slowly and had recurred twice after previous excisions. It was 8 cm × 6 cm × 6 cm in size, firm in consistency and had a nodular surface (Fig. 1). The overlying skin was stretched and adherent to the swelling which was not fixed to the underlying bone.

Systemic examination was normal. Chest X-ray showed bilateral multiple rounded opacities (Fig. 2). The swelling was excised with a 3 cm margin and the defect covered with a split skin graft. Histopathological examination revealed features of dermatofibrosarcoma protuberans.

Comments

Dermatofibrosarcoma protuberans is a rare



Fig. 1. Firm nodular swelling on the scalp.

skin neoplasm. It occurs at all ages and affects both sexes equally. The most common site of involvement is the trunk. Only 59 out of 600 cases were located in the head and neck region.¹ It is a slow-growing, low-grade sarcoma arising from the dermis and has an indolent course. It has a pronounced tendency to progression and local invasion. Local recurrence after excision is common. The initial treatment, therefore, must be a wide excision with a margin of at least 2.5–3.0 cm with removal of the underlying fascia.¹ This wide excision will almost always require a skin graft.² Radio-

From the Department of Surgery, All India Institute of Medical Sciences, New Delhi-110 029, India.

Address correspondence to : Dr. L. K. Sharma.



Fig. 2. Chest X-ray showing bilateral pulmonary metastases.

therapy alone or with surgery has no role in its treatment.³

Haematogenous distant metastases are rare. The risk of metastasis is augmented by multiple inadequate excision of the recurrent tumours.⁴ A total of only 34 proven cases of metastasising dermatofibrosarcoma protuberans have been reported in the literature.¹ The lung lesion in our case seemed to be a metastatic lesion although we did not confirm the nature of this lesion.

References

1. Hansen BK, Jensen MO and Kaae S : Dermatofibrosarcoma protuberans, *Scand J Plast Reconst Surg*, 1983; 17 : 247-252.
2. Mc Peak CJ, Druz T and Nicastic DA : Dermatofibrosarcoma protuberans—an analysis of 86 cases, Five with metastasis, *Ann Surg*, 1967; 166 : 803-816.
3. Taylor HH and Lelwig EB : Dermatofibrosarcoma protuberans, *Cancer*, 1962; 15 : 717-725.
4. Brenner W, Shoefler K, Chalabra H et al : Dermatofibrosarcoma protuberans metastatic to a regional lymph node, Report of a case and review, *Cancer*, 1975, 36 : 1897-1902.