Genital Desmoplastic Fibroblastoma (Collagenous Fibroma)

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INTRODUCTION

Desmoplastic fibroblastomas (DFs) are rare fibrous soft tissue tumors that usually arise in subcutaneous tissue or skeletal muscle in a variety of anatomical sites. This was first described by Evans in 1995 and was classified as a distinctive form of benign fibrous soft tumor.(1) In 1996 the lesion was renamed as a “collagenous fibroma” by Nielsen and colleagues.(2) The arm or the shoulders are the most frequent sites of involvement. They have also been described in the neck, tongue, lacrimal gland and palate.(3-7) To the best of our knowledge, we report the first case of DF (collagenous fibroma) occurring in genital area.

CASE REPORT

A 71-year old man presented with a giant multiple globular mass in the scrotum which has grown slowly for

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DISCUSSION
DFs also known as collagenous fibromas are benign soft tissue paucicellular tumors. They are usually well circumscribed and are composed of spindle to stellate shaped fibroblasts dispersed in a fibromyxoid or densely fibrous background stroma with low mitotic activity. So, Miettinen and Fetsch recommended the designation stellate cell fibroma. Immunohistochemical and ultrastructural studies show that the tumor cells are predominantly fibroblastic in nature and typically positive for vimentin. (3)
There is often focal reactivity for muscle actins (HHF-35) and α-smooth muscle actin. (3) Scattered CD68-positive histiocytes and mast cells may be present, but the tumor cells are negative. There is no documented immunoreactivity for CD34, S-100 protein, desmin, or epithelial membrane antigen (EMA). The lesion typically presents with a long history of a painless, slowly growing well-circumscribed subcutaneous mass occurring predominantly in males, with a median age of 50 years. (1,2) Since 1995, approximately 94 cases of DF have been reported in the literature with the largest case series of 63 patients being published by Miettinen and Fetsch. (3) It appears in a variety of peripheral sites with the most common location being the arm, shoulder, lower limb, back, forearm, hands, feet, neck and even in the tongue, lacrimal gland, palate and parotid gland. (3-8)

CONCLUSION
In conclusion, the present case is the first description of a DF that has involved the genital area. The clinical, gross and histologic features are those of a benign neoplasm. We highlight this peculiar lesion and wish to increase awareness of these rare lesions among urologists and pathologists alike.

CONFLICT OF INTEREST
None declared.

REFERENCES

Figure 3. Postoperative finding after excision of mass. Penile glans is exposed.

Figure 4. Microscopically, the tumor has been composed of hypocellular spindle to stellate shaped fibroblasts and myofibroblasts embedded in a prominent collagenous stroma (white arrows) (Hematoxylin and eosin stains × 100).
