



Benign Fibrous Histiocytoma

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Received: October 30, 2024

Published: November 01, 2024

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Introduction

It is also called as Dermatofibroma. It is a common benign mesenchymal tumor composed of fibroblastic and histiocytic cells. It is a variant of cutaneous histiocytoma and dermatofibroma described by Fletcher in 1990 as a tumor originating in the subcutaneous tissue. Oral and perioral lesions are uncommon but when they occur, they predominantly occur on the buccal mucosa and vestibule. Fibrous histiocytomas can be further subdivided into benign and malignant. Benign Fibrous histiocytomas can be further divided by tissue of origin either dermal or subcutaneous.

Characteristic features

Cutaneous Fibrous histiocytoma is localized to the dermis and characterized by an assortment of spindle or rounded cells. Lesions are commonly seen in 3rd and 4th decades of life.

Clinically, it presents as single, round lesion, appearing reddish early on and changes to more brown or skin coloured with time. It produced the characteristic "dimpling" sign when squeezed between fingers.

Microscopic features

Cellular aggregation of spindle shaped, fibroblastic like cells with relatively pale, oval nuclei, scattered rounded histiocytic cells. Touton type multinucleated giant cells with nuclei pushed to the periphery. These cells sometimes are so numerous that they form xanthomatous aggregates.

Immune histochemical features

With early lesions showing reactivity for CD68 and factor XIII a, which may diminish progressively. CD56 and neuron specific enolase are variably expressed and S100 protein is only exceptionally expressed. Lysozyme can also be positive.

Treatment

Surgical excision is the treatment of choice. The prognosis is excellent. Recurrence is uncommon but a routine follow up is necessary.