

Atypical fibroxanthoma diagnosed as malignant melanoma

M. Melato, C. Rizzardi, R. Calacione and G. Trevisan

SUMMARY

An atypical fibroxanthoma characterized by aneuploidy and local aggressive behavior was misdiagnosed as malignant melanoma. The reported case contributes to a better understanding of malignant fibro-histiocytic proliferations. A considered evaluation including immunohistochemistry is needed in diagnosing malignant melanoma.

Introduction

Poorly differentiated large cell malignancies of the skin frequently pose a diagnostic challenge for pathologists and ultimately many of them are diagnosed as amelanotic malignant melanoma, atypical fibroxanthoma, pseudosarcomatous squamous cell carcinoma, or undifferentiated leiomyosarcoma and angiosarcoma. A precise diagnosis based on morphological features alone is often impossible, and immunohistochemistry is therefore mandatory (1).

An atypical fibroxanthoma, misdiagnosed as malignant melanoma by an experienced pathologist, testifies to the difficulties that may be encountered in differentiating melanoma from the confusing family of fibrohistiocytic tumors. The present case, characterized by an unusually aggressive behavior, contributes to a wider discussion on these tumors.

Case report

In September 2000, a 66-year-old male presented with a mass in the right subclavicular region interpreted as the local recurrence of a malignant melanoma (pT4, sentinel lymph node negative), excised four months earlier. Brain CT, chest X-ray, and abdominal ultrasound scan were negative.

Histological examination showed a dermal infiltration by a densely cellular population of epithelioid and spindle cells with abundant eosinophilic cytoplasm arranged in a diffuse and fascicular pattern (Fig. 1). The cells were amelanotic and exhibited pleomorphism, multinucleation and numerous typical and atypical mitotic figures; a few multinucleated giant cells with irregularly distributed overlapping atypical nuclei were also present (Fig. 2).

By immunohistochemistry, the tumor stained nega-

KEY WORDS

fibroxanthoma,
atypical,
differential
diagnosis,
immunohistochemistry,
prognosis

