

Cutaneous Leiomyosarcoma of the Face

E Santos, D Sarma

Citation

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Abstract

We are reporting a case of cutaneous leiomyosarcoma occurring on the face of a 98-year-old woman with a brief review of the literature.

SOURCE OF SUPPORT

None

REPORT OF A CASE

A 98-year-old woman presented with a painful, nodular skin lesion localized to her left cheek. The skin surface was raised and dark brown to black. She reported no other associated symptoms and denied having other similar skin lesions. Her past medical history was otherwise unremarkable.

On microscopic examination of the shave biopsy, the skin lesion showed a diffuse nodular proliferation of spindle cells with moderate cellular pleomorphism and an increased mitotic rate of up to 10 mitoses per high power field. The overlying epidermis was unremarkable (Figures 1 & 2).

Figure 1

Figure 1: Cutaneous leiomyosarcoma, low magnification: Dermal proliferation of interlacing fascicles of spindle cells.

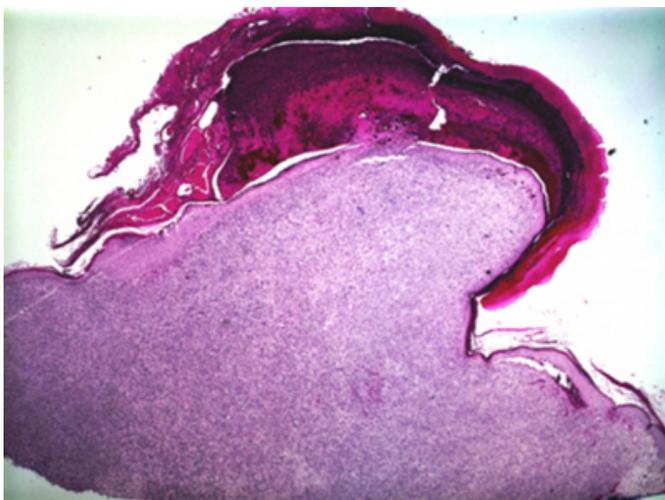
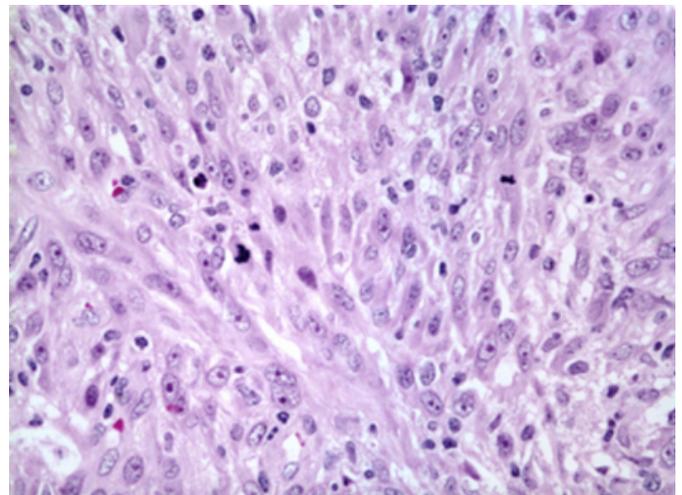


Figure 2

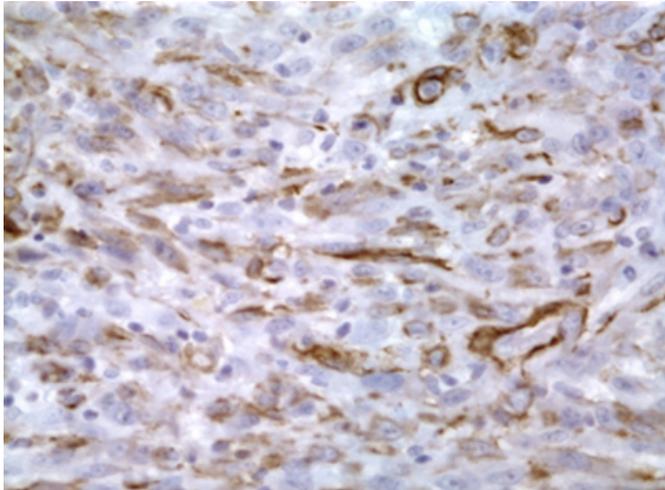
Figure 2: Cutaneous leiomyosarcoma, high magnification.



Multiple immunohistochemical stains were performed that showed positive tumor cell staining for vimentin and smooth muscle actin (Figure 3), and negative staining for S-100, CD34, and MelanA. The lesion was interpreted as a leiomyosarcoma. A complete excision was recommended.

Figure 3

Figure 3: Cutaneous leiomyosarcoma, Focal positive staining with SMA (smooth muscle actin).



COMMENT

Primary cutaneous leiomyosarcomas are rare neoplasms, either located in the dermis or subcutaneous tissue. More than 100 cases of dermal leiomyosarcomas have been reported [1], most occurring in patients usually around the sixth decade of life. Our patient probably represents one of

the oldest patients with this lesion. Most of the lesions are located in the extremities. We could only uncover one report of dermal leiomyosarcoma occurring in the face [2].

Although the lesion was localized to the dermis in this case, skin leiomyosarcomas can also appear within the subcutis. Surgical excision is the treatment of choice. High rates of local recurrence for both cutaneous and subcutaneous lesions ranging from 50% to 70% have been previously reported. Histological factors that have been reported to predict recurrence rate include size of lesion, increased mitotic count, and tumor extension to the subcutis.

CORRESPONDENCE TO

Deba P. Sarma, MD Department of Pathology Creighton University Medical Center Omaha, NE 68131 Tel: 402-449-4951 E-mail: debasarma@creighton.edu

References

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Author Information

Eric E. Santos, M.D.

Senior Resident, Department of Pathology, Creighton University Medical School

Deba P. Sarma, M.D.

Professor, Department of Pathology, Creighton University Medical School