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Abstract:

A 64-year-old female was referred to our clinic for the removal of a tumor on the right calf. Per outside provider, the patient's lesion had been present for ~6 months and was enlarging. She had no previous history of skin cancer. Biopsy of the lesion (done at outside facility) showed an invasive, well-differentiated crateriform SCC extending to the lateral and deep margins.

Cutaneous examination upon arrival to the university dermatology surgery clinic showed a 10.4 x 6.8 cm exophytic and friable tumor with surrounding stasis dermatitis and woody edema on the right distal medial calf (**Figure 1**). Staged excision of the lesion via Mohs confirmed the diagnosis seen on outside biopsy. Histologic analysis of the Mohs debulk specimens showed an invasive, well-differentiated SCC arising in association with a giant dermatofibroma (**Figure 2**). Note that though there was initially some concern for DFSP, the immunophenotypic profile showed Factor XIIIa positivity with a negative CD34.

Upon further questioning, patient did report having had several injuries to this leg in the past. Outside records from 2017 showed a biopsy-confirmed DF in the same area of this leg, which is consistent with the DF findings above.

After clearance of the neoplasm, the surgical defect extended down to the muscle fascia (**Figure 3**). Due to increased morbidity, flaps/grafts were abandoned in favor of a wound vacuum with regular dressing changes. After 6-8 weeks, patient's wound had completely re-granulated and evidence of re-epithelialization had begun at the wound periphery (**Figure 4**). Patient undergoing regular follow-up.



Figure 1: Clinical presentation of an SCC on the right distal medial calf of a 64 year-old-female.

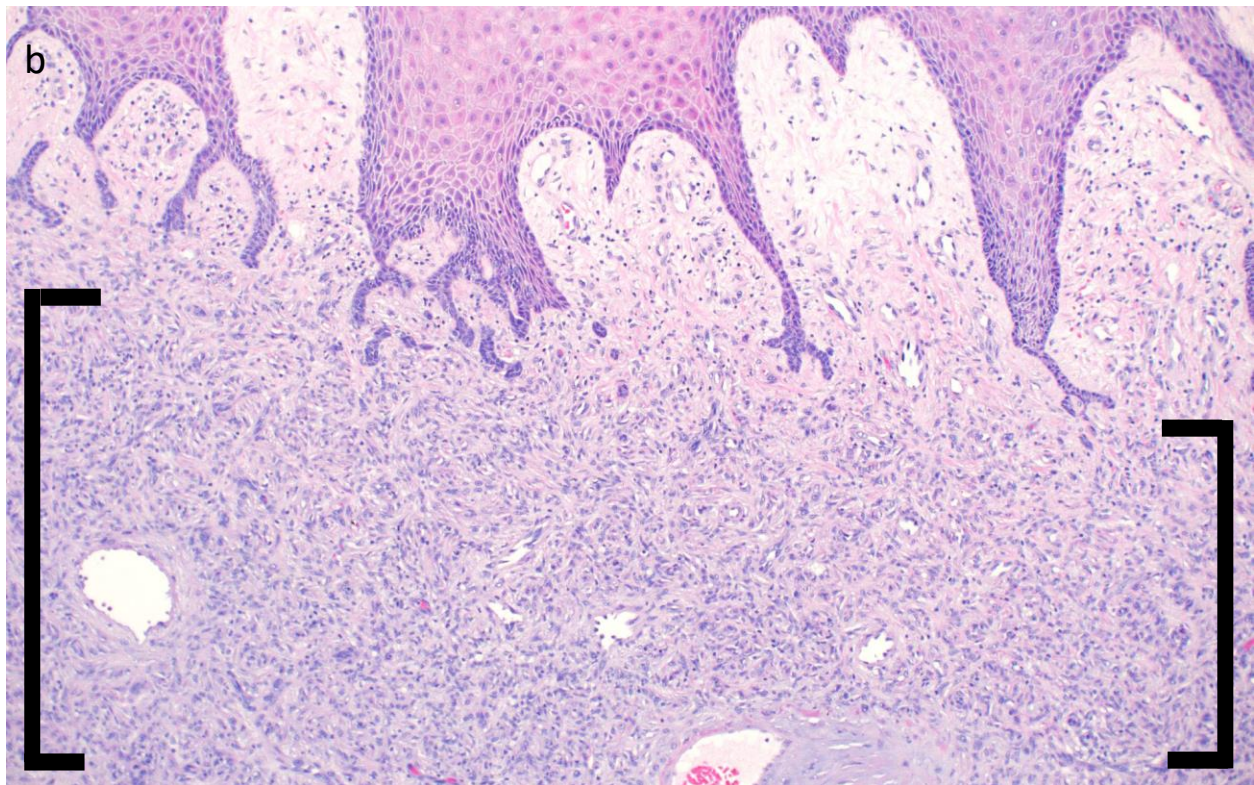
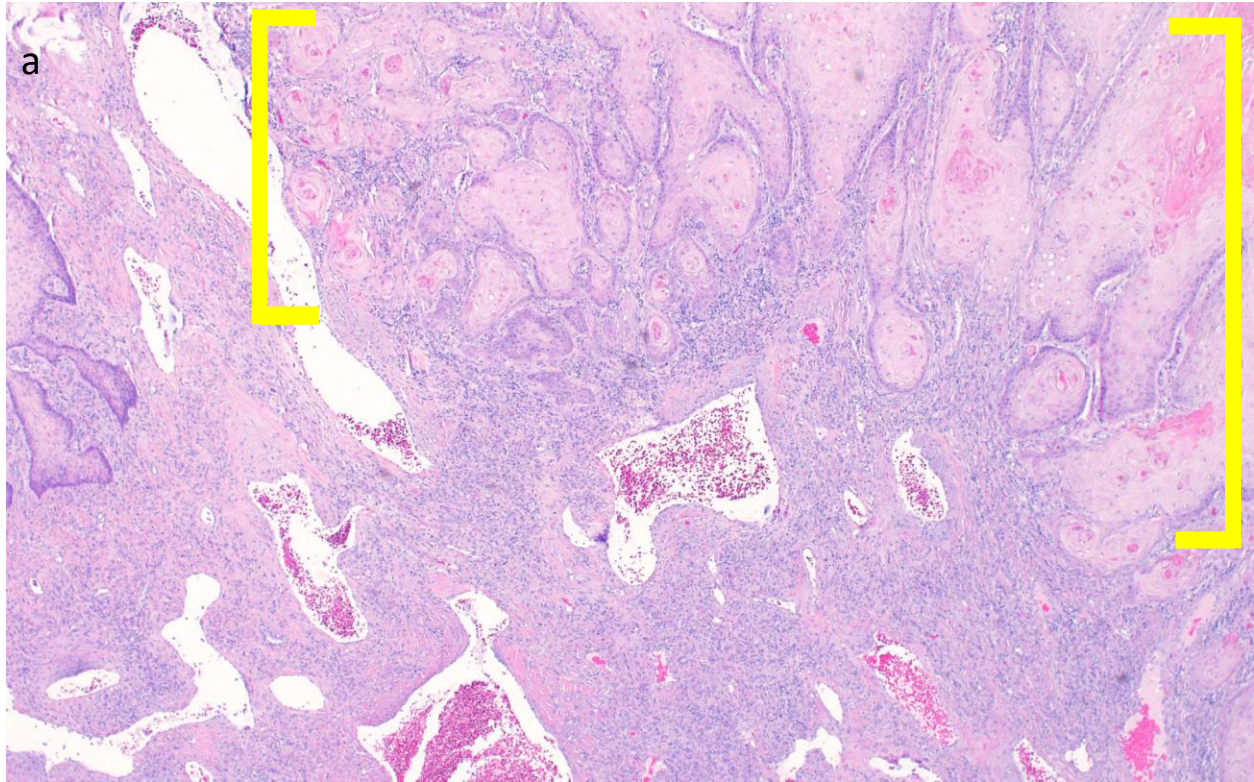


Figure 2: Pathology presentation of invasive, well-differentiated SCC adjacent to a giant DF on the right distal medial calf of a 64 year-old-female; Mohs debulk specimen.

Distant (a) and closer (b) magnification views of an invasive, well-differentiated SCC associated with a giant DF. In (a) there is infiltrating squamous epithelium into the dermis with atypical keratinocytes, keratin pearls, and abundant keratinization (yellow brackets). In (b), there is a dense proliferation of spindled cells in the superficial dermis (black brackets) with some overlying epidermal induction. [Hematoxylin and eosin: a, x4; b, x10]



Figure 3: Post-operative surgical defect on the right distal medial calf of a 64 year-old-female.



Figure 4: 6-week follow-up appointment of the surgical defect on the right distal medial calf of a 64 year-old-female.