Section A -Research paper

KELOIDAL DERMATOFIBROMA(KD): PROSPECTIVE VIEW

"Dr Asma Hussain,
Assistant Professor,Department of Dermatology
Krishna Institute of Medical Sciences,
Krishna Vishwa Vidyapeeth,
"Deemed to Be University" Karad – 415110, Maharashtra

Dr Mansi Bhat,
Assistant Professor,Department of Dermatology
Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth,
"Deemed to Be University" Karad – 415110, Maharashtra

Dr Kiran Patil,
Assistant Professor,Department of Dermatology
Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth,
"Deemed to Be University" Karad – 415110, Maharashtra"

ABSTRACT

A novel variant of a skin disorder known as KD. Its clinical appearance was quite similar to that of a typical D, and it is an extremely rare pathological disorder. So, to adequately treat this disorder, further research is thus required.

Keywords: KD, Skin Disorder, China, Rare Pathological Disorder & Treatment.

INTRODUCTION

According to various past studies , K are the pathological scar tissues & fibrous proliferation of skin lesion.[1] Whereas, D is a begin skin tumor that has many variants such as "sclerosing hemangioma" & "hemangiopericytoma like fibrous histiocytoma".[2] According to various studies , D is very simple to diagnose[3] & it normally occurs on extremities[4] rarely on chest & face[3]. "In addition, according to various past studies , K appear as thin , smooth & shiny skin at elevation of lesion surrounded by "crab feet" or "worm like" edges".[5] "Studies have also concluded that , these tumors are generally appear as small in size upto 0.3-1.0 cm in diameter ,well defined border with lack of envelope".[5] "Additionally, in situations of "dermal superficial nodular fibrous tissue proliferation" studies conclude that, these proliferating cells are organized in longitudinal bundles or swirls, and the cellular composition varies with the time phase of the tumor.[6] There are typically more cellular components, less fibrous tissue, and finer collagen fibers during the tumor's reaction phase.[6]

HISTORY

A new variant i.e. KD was first reported in china in 1998 by Kuo et al. during their research wherein the author had concluded that the clinical presentataion of KD was exact similar to that of common cutaneous D. Further, microscopical aspect, showed that location of tumor very superficially just beneath the epidermis ,focal hemorrhage , iron containing heme deposit & variable number of multinucleated gaint cell in superficial or central region of tumor as well as typical D morphology at base of tumor or surrounding it. Furthermore, "immunohistochemically there was a presence of scattered Kim1P , CD68 , Mac 387-positive , factors XIII a negative or CD34 negative cells in keloid region ". Although the tumor have clinically similarilty yet this variant can't be overlooked as a simple scar".[7]

ETIOLOGY[5]

1. Non-stop irritation/ injury to same region.
2. Repeated scarring after healing .
3. Mainly present in extremities, anterior region of chest, head & neck.

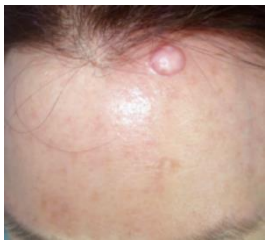

FIGURE 1: KD[4]

CHARACTERISTIC FEATURE[4]

1. Erthematous , hard papule that are well circumscribed.
2. Small spindle shape cells in hapahazard manner.
3. Elastic fibers are not here.

PREVALENCE[5]

1. Mostly occur in area of repeat irritation .
2. Mostly occur in males.

PATHOLOGICALLY

"According to past studies, abnormal proliferation of collagen fibers & fibroblast can be observed simultaneously".[5]

MICROSCOPICALLY

"According to various studies, there is a presence of hyperkeratosis, irregular hyperplasia & hyper pigmentation of basal layer". [5]

HISTOLOGICALLY[6]

A well defined confined keloid - like areas consisting of irregualr eosinophilic collagen fibers on tumor surface. Further, according to various past studies, a clear histological difference between the regular proliferation of the overlying epithelium & pigmentation of the basal cell layer can be observed .

MANAGEMENT OF KD [5]

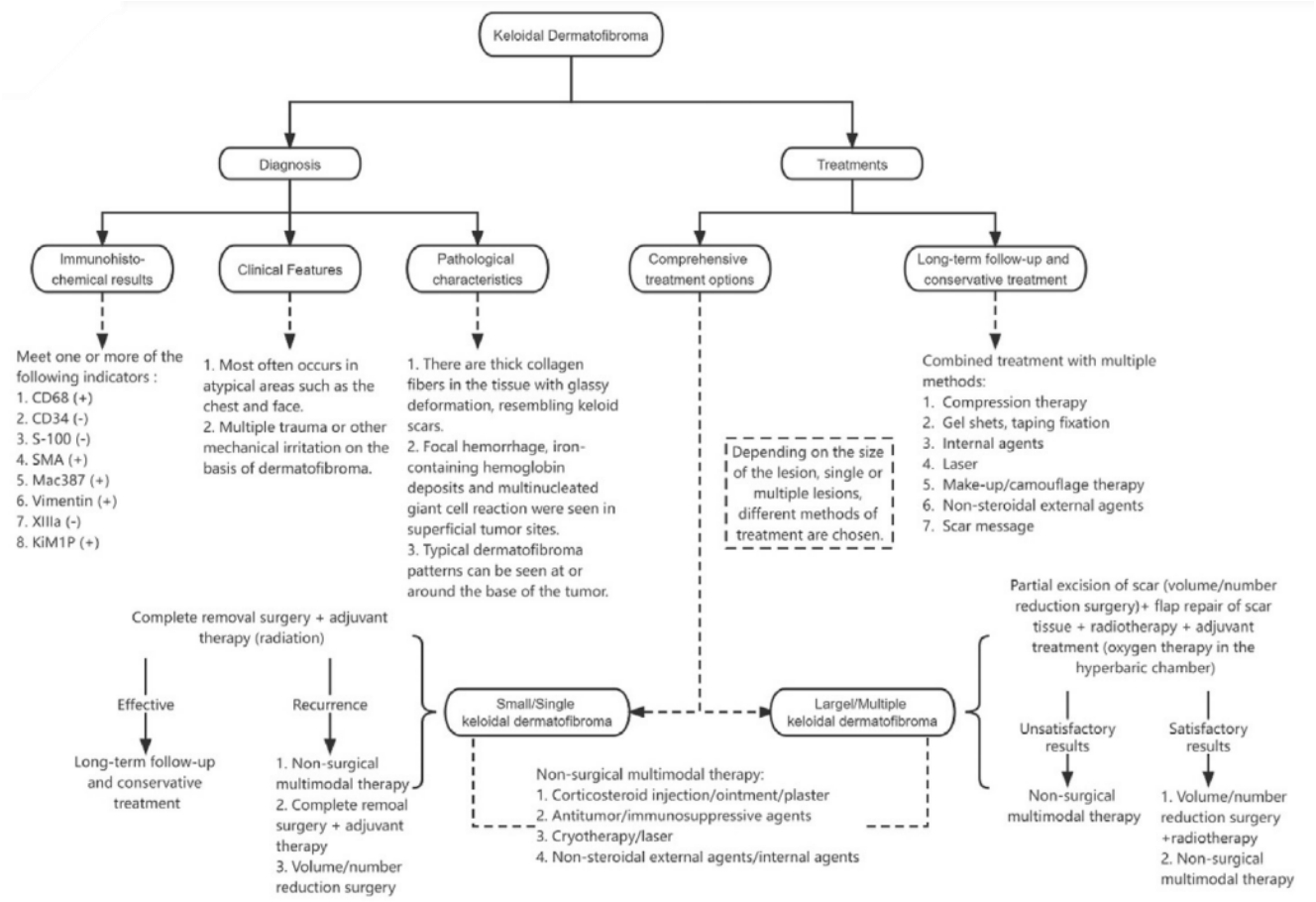

FIGURE 2 : FLOW CHART SHOWING STEP BY STEP TREATMENT STRATEGY FOR KD.[5]

CONCLUSION

KD is an infrequent pathological phenomenon. Thus, the implementation of principles for managing pathological scars can facilitate the treatment of large regions, sites with high tension, and multiple locations. Hence, additional investigation is necessary to adequately tackle this disorder.

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