Benign fibrous histiocytoma (BFH) or Dermatofibroma is a benign soft tissue tumour commonly seen on the skin, but rarely occur in deep tissues. It can arise as a soft tissue mass anywhere in the human body. In deep seated lesions the diagnosis of BFH becomes difficult on the basis of clinical examination, and is frequently confirmed after local excision. An 11 year old female presented with a painless swelling on the right pre-auricular region, which was diagnosed as Benign Fibrous Histiocytoma on excisional biopsy and histopathological examination.

Introduction

Benign fibrous histiocytoma (BFH) is a mesenchymal tumour composed of fibrohistiocytic cells. It has been described as a benign neoplasm composed of fibroblasts and histiocytes arising in the cutaneous and non-cutaneous soft tissues. It presents as a painless nodular subcutaneous mass. Because of the confusion over the natural history of fibrohistiocytic lesions, BFH was not identified as a separate clinical entity until the 1960s. As a result of the highly variable nature of this lesion, it is also known as dermatofibroma, xanthogranuloma, fibroxanthoma and nodular sub epidermal fibrosis. The occurrence of BFH in the deep soft tissues of the head and neck has been rarely reported. Rare occurrences also include the nasal cavity and the paranasal sinuses, larynx, trachea, temporomandibular joint and submandibular and parotid glands. This article describes a rare case of Benign fibrous histiocytoma in the right pre-auricular region along with its clinical, histo-pathological characteristics and its management.

Case Report

An 11 year old female reported to the Department of Oral Medicine and Radiology with a painless swelling on the right preauricular region for last two months. She gave history of trauma about four years back when she had a fall from a ladder on the right side of face followed by pain and swelling. She had been to a local physician who prescribed analgesics and antibiotics on which the symptoms subsided. History reveals that there was increase or decrease in size of swelling since it was noticed. She gave no history of discharge in the salivary flow, pus or blood discharge from the swelling and no association of BFH. Patient turned up for follow up after 7 days. Sutures were removed and surgical site was examined. Wound healing was uneventful. Patient was advised to keep regular follow up for 1 year. No recurrence was reported for one year.

Discussion

Benign fibrous histiocytoma is a benign soft tissue tumour of uncertain origin arising as a fibrous mass anywhere in the human body. The cell of origin is thought to be histiocytes which may assume fibroblastic characteristics. Most common site is the preauricular region.

ABSTRACT

Benign fibrous histiocytoma (BFH) or Dermatofibroma is a benign soft tissue tumour commonly seen on the skin, but rarely occur in deep tissues. It can arise as a soft tissue mass anywhere in the human body. In deep seated lesions the diagnosis of BFH becomes difficult on the basis of clinical examination, and is frequently confirmed after local excision. An 11 year old female presented with a painless swelling on the right pre-auricular region, which was diagnosed as Benign Fibrous Histiocytoma on excisional biopsy and histopathological examination.

Key words: Benign Fibrous Histiocytoma; Histiocytoma; Preauricular
the dermis of lower extremities in middle aged adults. Involvement of oral cavity is rare, but when occurs, the frequent sites are the buccal mucosa, vestibule, tongue, mandible. Specific sites of involvement on the head and neck region, described in the literature include, submandibular triangle, larynx, nasal cavity, and supracaivricular fossa. In the present case, BFH occurred in the preauricular region, which is a rare site of occurrence.

The lesion is associated with history of trauma in 20% of the cases. Some physicians and researchers believe that benign fibrous histiocytoma forms as a reactionary change to previous injuries such as insect bites or thorn pricks. Chronic irritation, continuous trauma and spontaneous development have been reported for the lesions located within the oral cavity. In the present case trauma can be a possible etiologic factor.

BFH presents as a slow growing, painless, non-encapsulated and often pigmented sub mucosal nodule. The tumour varies in size from a few millimetres to several centimetres in diameter. Rare intrabony lesion of the jaws have also been reported. The classical histopathological characteristics are presence of endothelial lined capillary, blood vessel and massive proliferation of histiocyttes, elongated fibroblasts and collagen bundles is observed in 90% of cases.

Recurrence is not a common finding (5-10%) for superficial tumours, but larger and deeper lesions do have a higher rate of recurrence. The biological behaviour of this tumour is unpredictable and hence a regular follow-up is recommended after surgical excision. The prognosis of BFH is very good. Metastases haven’t been reported. Local recurrence is present when the excision is incomplete. Radiation and chemotherapy has currently no role in management of this benign entity. Nevertheless, postoperative irradiation is recommended for the malignant varieties. Although moderately radiosensitive, they tend to recur and irradiation cannot be given alone for control of disease. Palliative chemotherapy can be tried.

Conclusion
In conclusion, eventhough BFH is a rare lesion, dentist should be familiar with this entity and should consider it in the differential diagnosis of facial soft tissue lesions.

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References

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