Carta ao Editor

Tumor de Colisão de Odd – Dermatofibroma e Nevo

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RESUMO – Um tumor de colisão ou tumor contiguo ocorre quando dois ou mais tumores cutâneos coexistem numa lesão única. Estes tumores têm habitualmente características clinicas e histológicas atípicas, dificultando o diagnóstico. Apesar de terem sido descritas diferentes combinações de tumores de colisão, descrevemos um caso raro de um tumor de colisão localizado no dorso com associação de um nevo intradérmico a um dermatofibroma. Julgamos que se trata da primeira publicação desta combinação.
PALAVRAS-CHAVE – Tumor, Colisão; Dermatofibroma; Intradérmico, Nevo.

An Odd Collision Tumor – Dermatofibroma Plus Nevus

ABSTRACT – *A cutaneous collision or contiguous tumor occurs when two or more cutaneous tumors coexist in a single lesion. These tumors usually have misleading clinical and histological presentations, making them a diagnostic challenge. Although several different combinations of collisions have been described we report an unusual case of a cutaneous collision tumour on the back of the patient involving an intradermal naevus and a dermatofibroma. To the best of our knowledge, this is the first time such combination is reported.*
KEY-WORDS – *Tumor, Collision; Dermatofibroma; Intradermal, Nevus.*

A cutaneous collision or contiguous tumour occurs when two or more cutaneous tumours coexist in a single lesion. These tumours usually have misleading clinical and histological presentations, making them a diagnostic challenge.[1]

Although several different combinations of collisions have been described we report an unusual case of a cutaneous collision tumour on the back of the patient involving an intradermal nevus and a dermatofibroma.[2] The combination of these two commonly seen cutaneous lesions resulted in a unique cutaneous collision tumour, which made the clinical analysis of the lesion thought provoking and the dermatopathology preponderant for diagnosis. To the best of our knowledge, this is the first time such combination is reported.

Dermatofibroma, also known as benign fibrous histiocytoma, is a common cutaneous soft-tissue lesion, accounting for approximately 3% of skin lesion specimens received by dermatopathology laboratories.[3] It is a soft tissue tumour, characterized by tumoural differentiation of fibroblasts and histiocytes and it may be associated with acanthosis or hyperplasia of the overlying epidermis and hyperpigmentation of the basal layer.[4-6] Although the aetiology is unknown it has been postulated that these characteristic epithelial changes are likely to be mesenchyma-mediated and probably represent a host reparative response otherwise known as the inductive phenomenon.[7] If the classical clinical and pathologic features are present the diagnosis of a dermatofibroma is usually straightforward. However, in the presence of a variant diagnosis is challenging.[8]

We present a case of a 34 year-old women who appeared in our outpatient facility with a well circumscribed, pigmented, non-tender papule on the back, over a circumferential area of hyperpigmentation on the superior pole of the papule (Fig. 1). An initial clinical diagnosis of a collision tumour was made,

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although basal cell carcinoma as well as subnevic folliculitis could not be excluded, since the progression of the lesion was unknown by the patient. On dermatopathology (Fig. 2) the coexistence of two commonly seen cutaneous lesions, a dermatofibroma and an intradermal nevus were observed.

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Figure 1 - Clinical aspects of the collision tumour: A well-circumscribed, pigmented, non-tender papule measuring 3x2mm on the back, over a 5mm circumferential area of hyperpigmentation on the superior pole of the papule.

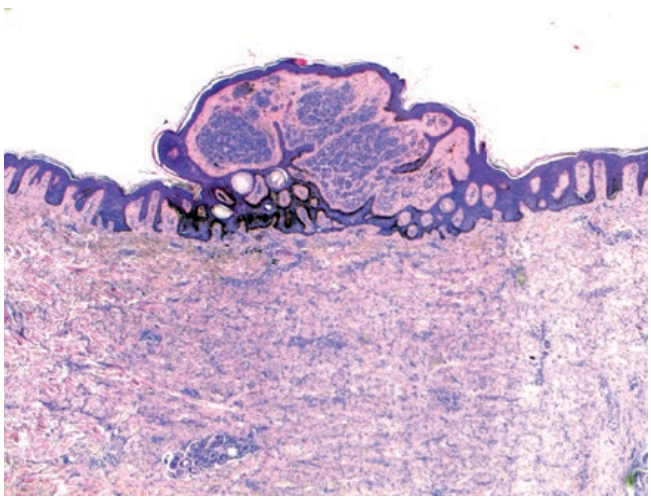

Figure 2 - Histological aspects of the collision tumour (H&E, x 40): The epidermal component comprises hyperkeratosis, acanthosis and basal layer hyperpigmentation; the position of the intradermal melanocytic naevus over the dermatofibroma.

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