

Abrikossoff's tumor: Clinical and dermoscopic features

Keywords: Abrikossoff tumor, dermoscopy, granular cell tumor

Clinical Image

A 46-year-old woman, presenting a subcutaneous tumor gradually increasing in size on the right thigh, painless, non-pruriginous evolving for over 7 months. Clinical examination revealed a firm pigmented tumor measuring 3cm and not freely movable; the overlying surface was smooth and free of ulceration. The dermoscopy showed yellowish center with lighter, hypopigmented lines, surrounded by light-brown pigmented network.

A wide excisional biopsy was performed. The histopathological examination showed a proliferation of monotonous cells, large, round or polygonal, with pink and granular cytoplasm. These granules are eosinophilic balls of variable size. Immuno histochemistry confirmed the diagnosis of granular cell tumor, staining positivity for protein S-100.

Granular cell tumors (GCTs) are tumors with a benign proliferation made of large eosinophilic cells with granular cytoplasm. They are rare neoplasms of soft tissue with ubiquitous locations, and are usually benign but on occasion multifocal or malignant. Recently dermoscopy has become an indispensable tool in contemporary



Figure 1 Clinical image: An oval, brown tumor, measuring 3cm.

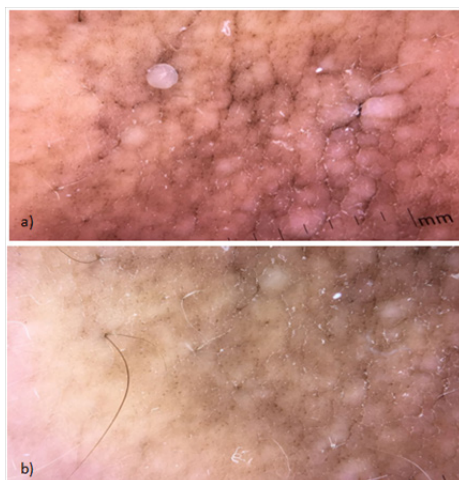


Figure 2 (a) Dermoscopic image tumor showed yellowish center. (b) With lighter, hypopigmented lines, surrounded by light-brown pigmented network.

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dermatological practice. The dermoscopic criteria of GCTs have recently been updated. However the presence of a nodular lesion in combination with yellowish center associated to peripheral network, and pale circles, should lead us to think about GCTs and perform a biopsy for confirmation. The treatment of choice in all the cases is wide excision of the lesion with histologically clear margins. The risk of recurrence requires long-term surveillance. (Figure1-2)

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Conflicts of interest

The authors report no conflicts of interest.

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References

1. Ghosh SK. A solitary verrucous nodule on the arm. Granular cell tumor (GCT). *Int J Dermatol*. 2013;52(6):651-653.
2. Scope A, Benvenuto-Andrade C, Agero AL, et al. Nonmelanocytic lesions defying the two-step dermoscopy algorithm. *Dermatol Surg*. 2006;32(11):1398-1406.
3. Popadic M. Dermoscopy of cutaneous Abrikossoff tumor (granular cell tumor) in a pediatric patient. *J Am Acad Dermatol*. 2015;73(4):e137-e138.
4. Kanitakis J, Mauduit G, Viac J, Thivolet J. Granular-cell tumor (Abrikosov). Immunohistological study of 4 cases with review of the literature. *Ann Dermatol Venerol*. 1985;112(11):871-876.
5. Kourda M, Marsit N, Elloumi L, et al. A case for diagnosis. Abrikossoff tumor. *Ann Dermatol Venerol*. 1999;126(5):441-442.