NODULAR FASCIITIS OF FACE: A CASE REPORT

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ABSTRACT
The case of an 18 year old female patient from Peshawar with Nodular Fasciitis is reported. Our aim is to highlight the importance of understanding this rare disease, as it is crucial in the management of this condition and saves the patient from more invasive treatment.

KEYWORDS: Nodular Fasciitis, Benign lesion, Treatment

INTRODUCTION:
Nodular Fasciitis is a rare benign myofibroblastic proliferative lesion that appears in the soft tissue at any site in the body. It is often misdiagnosed as a malignant lesion due to fast growing nature. It was first described in 1955 by Konwer et al[1]. It is a rare lesion of diagnostic importance as it resembles Malignant Sarcoma[2,3]. The definite diagnosis is important as the differential diagnosis includes treatment with more aggressive and different approach and nodular fasciitis is cured with surgical excision alone[4].

CASE PRESENTATION:
A female patient aged 18 year old presented to Outpatient Department of Ophthalmology at Hayatabad Medical Complex Peshawar with a complaint of a Right Infra Orbital subcutaneous mass over a period of 8 months(figure no.1). According to the patient, the mass had grown bigger over the past few months without any previous history of trauma to face. On examination, the mass was smooth and firm measuring 4×3×2 cm with limited mobility. It was not tender to palpation and no skin changes were observed. Her previous FNAC(fine needle aspiration cytology) report showed a necrotizing malignancy with squamous differentiation. A contrast enhanced CT scan was carried out and it showed a well circumscribed 3.8×3×1.7 cm nodular lesion in the right infra orbital region with no evidence of bony destruction figure no.2). An excisional biopsy of the lesion was advised. A well written informed consent was taken from patient parents and surgical excision of the lesion was done (figure no.3). The mass was sent for biopsy and later on her biopsy report showed a tan white tumor measuring 2.6×1.5×1.1 cm with sections revealing a spindle cell proliferation composed of sheets and fascicules of oval to spindle cells with minimal atypia. A few extravasated red blood cells were also seen. Immunohistochemical Stains showed negative staining for CD34, S100, B-catenin and SOX10. The biopsy report confirmed the diagnosis of Nodular Fasciitis. The patient was followed up for a period of 18 months and no recurrence was observed.

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DISCUSSION:
Nodular Fasciitis is a rare benign tumor that can appear in the soft tissue anywhere in the body. Nodular Fasciitis can occur at any age but it has a predisposition for young and middle aged adults, third and sixth decades of life[5]. The cause of this lesion is unknown[6]. Head and Neck comprise almost 7-20% of the cases[7]. In our patient, the lesion was located in the right infra orbital region. It is mostly suspected a malignant lesion due its rapidly growing nature. Histology of Nodular Fasciitis shows a proliferation of fusiform cells arranged in a small shaped fascicles within a myxoid matrix with many small vessels and some erythrocytes, cellular atypia is uncommon. Fibrosarcoma is an important differential diagnosis but its histology shows fascicular pattern of malignant spindle cells, which is never observed in Nodular Fasciitis[8]. In our case

the histology alone was sufficient to rule out Nodular Fasciitis. There are different treatment options for Nodular Fasciitis that includes an excisional biopsy, watchful waiting for regression, intra lesional high potency steroid injection or partial resection[6,9,10]. The recurrence rates are relatively less with surgical excision[4]. The Surgical Excision remains the gold standard treatment option[9].

CONCLUSION:

Although Nodular Fasciitis is a rare and benign lesion but care should be taken in terms of its proper diagnosis and treatment as it resembles malignant lesion due to its rapid growth. Patient can be saved from more invasive surgical approach. Histopathology plays a vital role in its diagnosis and should be considered in such patients.

A well written informed consent was taken from patient parents for sharing her pictures.

Figure:1 Right Infra orbital lesion.

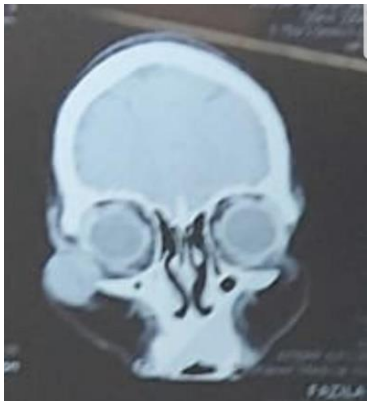

Figure 2: CT scan of head. Coronal section showing a well circumscribed mass in the right infra orbital region.

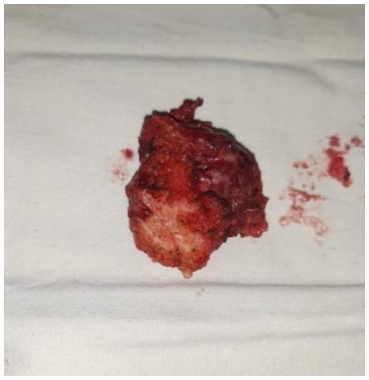

Figure 3: Excisional biopsy of lesion.
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