DERMATOFIBROMA-ASSOCIATED IgG4-RELATED SKIN DISEASE: A CASE REPORT

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ABSTRACT
IgG4-related disease (IgG4-RD) is a recently recognized immune-mediated disorder. Scattered reports of IgG4-RD associated with dermatofibroma have been reported. Here we report on a case of IgG4-RD associated with a dermatofibroma in a 41-year-old female patient. The biopsy specimen was characterized by large aggregates of plasma cells within the neoplasm. Immunohistochemically, the plasma cells were diffusely and strongly positive for factor XIIIa, which is consistent with dermatofibroma. The patient underwent sonography to rule out an underlying mass, which was unremarkable. The patient has been followed for 3 years, and there has been no progression to date. The clinical correlation with dermatofibroma, presenting as a slowly growing, firm, solitary nodule, adds to the expanding spectrum of dermatofibromas. The clinical correlation with dermatofibroma, presenting as a slowly growing, firm, solitary nodule, adds to the expanding spectrum of dermatofibromas.

CASE REPORT
A 41-year-old female presented with a slowly growing, firm, solitary nodule on her right cheek. She had noted a gradual increase in size over the past year. She denied any pruritus, pain, or other symptoms. She had no personal or family history of skin or systemic disease. She was not on any medications. Past medical history was significant for osteoporosis treated with alendronate. Physical examination revealed a 1-cm, firm, solitary nodule on the right cheek. The nodule was firm, non-tender, and mobile. There were no palpable lymph nodes. The remainder of the examination was unremarkable. The lesion was biopsied, and the histopathological examination revealed a dermatofibroma. Immunohistochemically, the plasma cells were diffusely and strongly positive for factor XIIIa, which is consistent with dermatofibroma. A 41-year-old female patient presented with a long-standing mass at the posterior side of the upper right arm. Morphologically, the resected mass was an ill-defined dermal lesion characterized by bland-appearing spindle cell proliferation with numerous islands of lymphocytes and plasma cells within the lesion. Immunohistochemically, the spindle cells were diffusely and strongly positive for factor XIIIa, which is consistent with dermatofibroma. IgG and IgG4 immunostaining showed more than 50 IgG4-positive plasma cells per high power field and an IgG/IgG4 plasma cell ratio >40%, suggesting an IgG4-RD. This case of dermatofibroma, associated with IgG4-RD, highlights the importance of recognizing the occurrence of IgG-RD in conjunction with other more common cutaneous neoplasms.

REFERENCES


