Myxoid solitary fibrous tumor is an exceedingly uncommon mesenchymal neoplasm, which biologic behavior has not clearly been determined. We report herein an additional case of cutaneous myxoid solitary fibrous tumor, which located in the skin. A 64-year-old man visited the department of dermatology with approximately 3x3 cm sized solitary subcutaneous nodule on his left scapular area. The histopathologic findings revealed well encapsulated subcutaneous mass consisted of prominent myxoid stroma and cytologically bland spindle cells with thin walled blood vessels. In addition, the immunohistochemical stain of CD34, CD99 and bcl-2 were positive, and s-100, CK, and SMA negative. On the basis of clinical and pathological findings, he was diagnosed with cutaneous myxoid solitary fibrous tumor.

Immunohistochemical stains for CD34 and vimentin were strongly expressed, whereas stains for desmin and smooth muscle actin were completely negative. Second, a 51-year-old male presented with 1.5 x 1 cm sized subcutaneous nodule on the occipital area. A biopsy specimen was consistent with solitary fibrous tumor. Primary solitary fibrous tumor developed on the skin is extremely rare, only 2 cases have been reported in Korean literature. It should be considered in the differential diagnosis of primary spindle cell neoplasm of the skin.

Solitary fibrous tumor is a relatively uncommon neoplasm that most commonly arises in the pleura. However, extrathoracic solitary fibrous tumor is also well documented, including rare examples in the skin. A 50-year-old male presented with 3 x 3 cm sized subcutaneous nodule on the neck. A biopsy specimen showed proliferation of spindle cells and epithelioid cells. Interspersed collagen fibers are seen between individual tumor cells. Immunohistochemical stain of CD34 and vimentin were strongly expressed, whereas stains for desmin and smooth muscle actin were completely negative. Second, a 51-year-old male presented with 1.5 x 1 cm sized subcutaneous nodule on the occipital area. A biopsy specimen was consistent with solitary fibrous tumor. Primary solitary fibrous tumor developed on the skin is extremely rare, only 2 cases have been reported in Korean literature. It should be considered in the differential diagnosis of primary spindle cell neoplasm of the skin.

Dermatofibrosarcoma protuberance (DFSP), a slow-growing cutaneous spindle-cell tumor of intermediated malignancy, typically arises in the dermis and subsequently infiltrated the subcutaneous tissue. We report herein a case of well encapsulated dermatofibrosarcoma protuberance in the dermis, which showed very unusual clinical and histopathologic manifestations. A 45-year-old man visited the department of dermatology with a 4 x 3 cm sized solitary subcutaneous mass on his chest. The histopathologic findings revealed well encapsulated dermal mass consisted of a dense proliferation of long slender spindle cells with small basophilic nuclei without atypia or mitoses. In addition, the immunohistochemical stain of CD34 was positive. On the basis of clinical and pathological findings, he was diagnosed with dermatofibrosarcoma protuberance presenting as an encapsulated dermal mass.

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