PREMALIGNANT FIBROEPITHELIOMA OF PINKUS ON THE ANKLE REGION: THE FIRST REPORT OF A PATIENT

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We report a 39-year old Japanese woman with premalignant fibroepithelioma of Pinkus on the posterior skin of her ankle. To our best knowledge, she is the first reported patient, in whom the tumor appeared on the ankle.

Key words: premalignant fibroepithelioma of Pinkus/ankle

Premalignant fibroepithelioma of Pinkus (PFEP), first described by Pinkus in 1953 (1), consists of usually only one but occasionally of several raised, moderately firm, slightly pedunculated nodules, covered by smooth, slightly reddened skin (2). Its histopathology is characterized by long, thin, branching, anastomosing strands of basal cell carcinoma embedded in a fibrous stroma. Many of the strands show connections with the surface epidermis. This tumor develops preferentially on the loin, lower abdomen, external genitalia, and groin (3, 4). Recently, we have seen a Japanese woman with PFEP on her left ankle region. To our best knowledge, no patient with PFEP on the ankle region has been previously reported.

CASE REPORT

A 39-year-old Japanese woman came to our clinic on August 12, 1998. About 2 years previously, she had noticed a small pedunculated nodule on the posterior side of her ankle. The nodule had gradually enlarged, and its surface sometimes hemorrhaged. When she presented, a slightly reddened, pedunculated nodule $15 \times 10 \times 6$ mm in size was seen on the posterior

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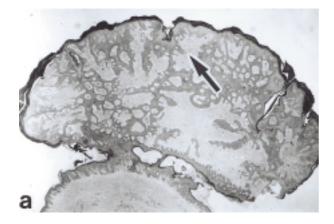
skin of her ankle (Fig. 1). Tenderness and spontaneous pain were not complained of. No regional lymphadenopathy was noted. We totally excised the nodule under local anaesthesia on August 20. Histopathologic examination showed anastomosing strands of epithelial cells with many connections to the epidermis, extending into a fibrous stroma. A palisade arrangement of the peripheral cells was seen along epithelial strands. The invasion into the surrounding tissue was not seen (Fig. 2). A diagnosis of PFEP was made. There has been no recurrence of the tumor in this case.

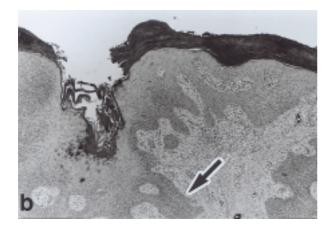


Fig. 1. A slightly reddened, pedunculated nodule on the posterior skin of the ankle.

DISCUSSION

PFEP has been understood to be a form of basal cell epithelioma (2). Clinically, the lesions may be single or multiple. Multiple ones were frequently seen in Europe and America, but most of the lesions reported from Japan were single (4). Differentiation from fibroma is often necessary (2). PFEP was reported to develop preferentially on the loin, lower abdomen, external genitalia, and groin (1, 3, 4, 5). It has also appeared rarely on the scalp, lip, neck,





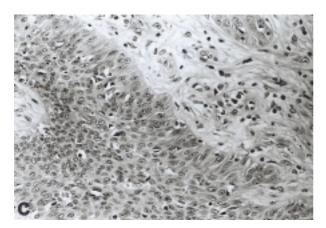


Fig. 2. Histopathology, a: entire view of the tumor; anastomosing strands of epithelial cells, which are connected the surface epidermis, are embedded in a fibrous stroma (\times 10), b: close-up view of the area indicated by the arrow in a; the anastomosing strands of epithelial cells are composed of atypical basaloid cells with palisading (\times 100), c: close-up view of the area indicated by the arrow in b; palisade arrangement of the peripheral cells is seen (\times 800).

and thigh. The lesions occur often on the posterior skin of the trunk in Europe and America, but they occur often on the anterior skin of the trunk in Japan (4). Our patient demonstrates that PFEP may appear on the ankle.

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