

## LETTER TO THE EDITOR

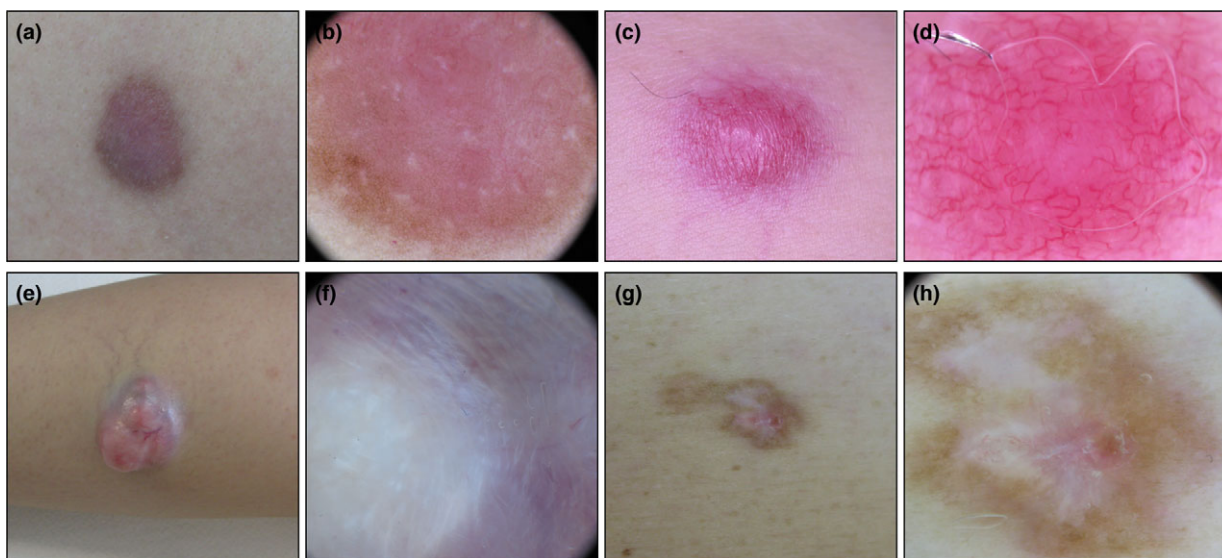
## Dermoscopy of uncommon variants of dermatofibrosarcoma protuberans

### Editor

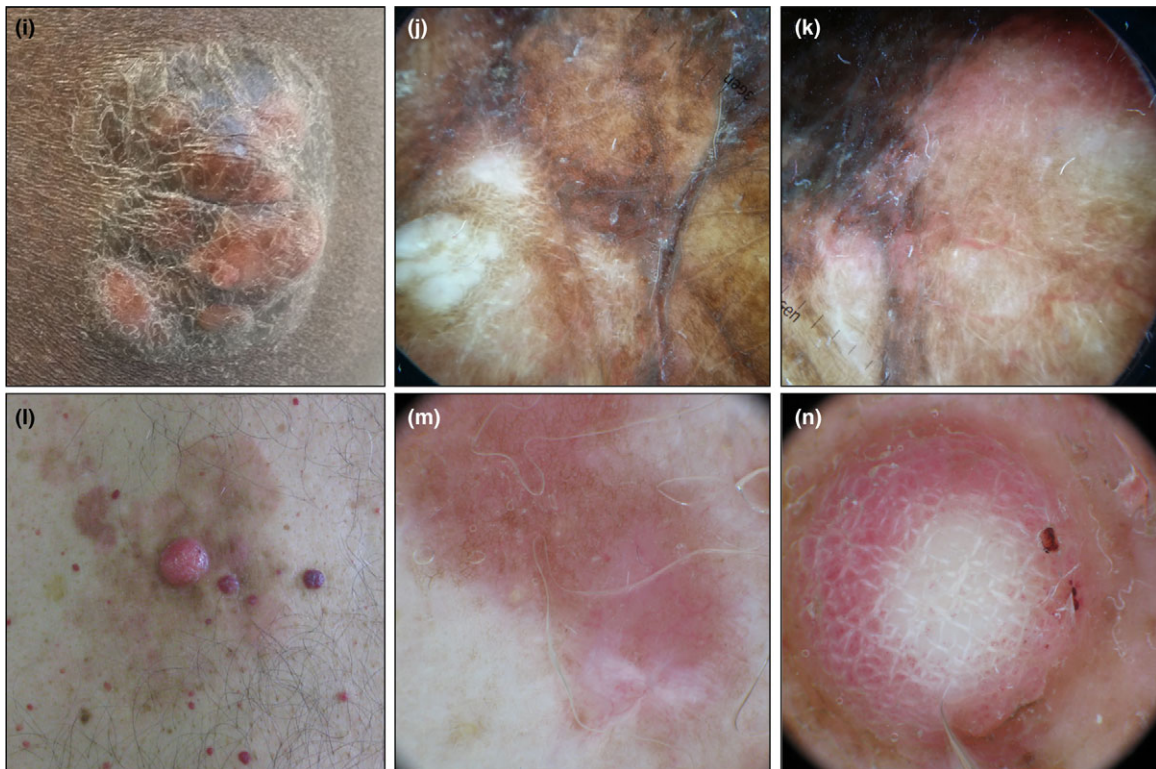
Darier-Ferrand dermatofibrosarcoma protuberans (DFSP) is a locally aggressive fibrohistiocytic tumour with a low metastatic potential.<sup>1</sup> Because of its rarity, slow progression and lack of early clinical clues, the diagnosis of DFSP is often delayed. Classical DFSP clinically appeared like an indurated, irregularly shaped plaques exhibiting flesh to reddish-brown colour. Some lesions also showed thin telangiectasia on the surface (Fig. 1, a). Dermoscopically, it showed a delicate pigmentation network in the centre of the lesion. Other key dermoscopic features included whitish linear structures, peripheral dilated vessels and a pale-red background (Fig. 1, b). However, various non-protruding clinical variants of DFSPs have been described. These variants, named 'non-protuberant', correspond to the early stages of growth of DFSP and cannot be easily recognized.<sup>2</sup> In this clinical scenario, dermoscopy could be a great valuable tool in early recognition and prompt diagnosis of such unusual variants of DFSP. We report some unusual DFSP variants and describe clinical and dermoscopic

features that may be helpful for the diagnosis and timely treatment of this uncommon tumour.

- 1 DFSP angioma-like presented as small, red and hard-elastic papules with smooth surface and superficial telangiectasia (Fig. 1, c). Dermoscopy showed thick, arborizing vessels arranging in a centrifugal fashion on a pinkish background (Fig. 1, d).
- 2 Keloidlike variants of DFSP showed up pink-to-red firm translucent mass with smooth surface and telangiectasia (Fig. 1, e). At dermoscopic examination, the lesions showed polymorphic vessels (either linear or arborizing) on a white-to-bluish background; structureless white areas were also detectable (Fig. 1, f).
- 3 Morphoea-like variant clinically appeared as a white-to-brown atrophic plaque with irregularly shaped edges (Fig. 1, g). Dermoscopy revealed in the inner portion hypopigmented structures, surrounded by a slightly pigmented network with linear vessels (Fig. 1, h).
- 4 DFSP on black skin presented as a very large, partially pigmented, infiltrated plaque, whose surface was surmounted by pinkish to red nodules (Fig. 2, i). Dermoscopic examination showed atypical network, shiny white streaks, unfocused linear-irregular vessels and hyper- or hypopigmented areas (Fig. 2, j, k).



**Figure 1** a–h: clinical and dermoscopic features of unusual variants of DFSP.



**Figure 2** i–n: clinical and dermoscopic features of unusual variants of DFSP.

5 Nodular morphea-like lesion has never been described neither clinically nor dermoscopically. It appeared as a hardened, livid nodule with smooth surface surrounded by a whitish morphea-like plaque (Fig. 2, l). At dermoscopic examination, the peripheral plaque showed slightly pigmented network, arborizing thin vessels, hypopigmented unstructured areas on a pinkish background (Fig. 2, m), whereas the inner nodular portion exhibited dotted vascular pattern and white streaks (Fig. 2, n).

Previous studies have already described dermoscopic patterns for classical<sup>3</sup> and on black skin<sup>4</sup> DFSP. Herein, we describe for the first time the dermoscopic features of such rare form of presentation of DFSP. Although anecdotal, our dermoscopic description could be a useful and valuable guidance for early recognition and prompt suspicion of these malignancies. An early diagnosis of these neoplasms is desirable, because it means prompt wide excision and should reduce relapses. Anyway, although the dermoscopy can be helpful for diagnosis, biopsy and histopathological examination remain mandatory.

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## References

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