Case Report

Fibrosarcoma and cheloid: An exceptional association

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To describe our therapeutic steps and to insist on the necessity of a permanent surveillance of cheloids. We report a case of fibrosarcoma developed from a cheloid of a 49 years old patient. It was an aggrieved and budding tumor localized on the back side. There was not metastasis. We have realized a large exaeresis and cutaneous closure at the same time by the mobilization of two local cutaneous flaps allowing a « Z » plastic surgery. Fibrosarcoma and cheloid is an exceptional association never described before. Its treatment is similar to that of other sarcomas in which, a permanent observation on the other cheloids must be associated, in order to screen for early new malignant tumor transformations.

Key words: Fibrosarcoma-cheloid- surgery-radiotherapy-permanent surveillance.

INTRODUCTION

Cheloids are frequent on black women skin. The inconvenience until now is that, their ungracious aspect, often require repeated corticotherapy use. A sarcoma starting from a cheloid remains exceptional in humans. One case has already been described (Biemans et al., 1963). In this study, we report a case of fibrosarcoma developed from a cheloid injury with the aim of performing therapeutic steps description and insisting on the necessity of permanent surveillance of the cheloids.

Case report

CT, a 49 years old woman has been admitted for a hemorrhagic wound of the back in the service of visceral surgery of the University Hospital Center Yalgado of Ouagadougou. The exam realized has noted cheloids on the neck, two breasts, the inter breast furrow, the arms, the legs and even the feet (Figure1). The cheloid would have developed as a result of insignificant injuries often unrecognized by the patient.

The exam noted beyond the cheloids, an aggrieved tumor of about 10 cm long on the axis surrounded by other cheloids (Figure 2). Histological exams and the monitoring of the spread have allowed restraining of the fibrosarcoma without local nor regional metastasis. We have realized a large cutaneous exaeresis taking away back muscles’ fascias while keeping in sight the muscles’ fibers. Direct closure was not possible (Figure 3). We had thus mobilized two cutaneous flaps which the rotation has allowed with the realization of a « Z » plastic surgery, in order to close without any tension (Figure 4). Six months after the surgery, the patient is following a radiotherapy cure and the healing is satisfactory without any complain (Figure 5).

Commentary

Scars, especially the burn scars are risk factors for cutaneous carcinoma (Rieger et al., 2008; Mofikoya et al., 2006; Samarasinghe et al., 2012). However, malignant tumor transformation of a cheloid stays exceptional in humans according to the literature. Only one case of Darier-Ferranddermatofibrosarcoma associated to cheloids has been reported in 1963 (Biemans et al., 1963). Some cases of fibrosarcoma and
Cheloids have been described in dogs and cats (Mikaelian et al., 2002; Little et al., 2007; Gumber et al., 2011). Cheloid and fibrosarcoma association stays exceptional. Our case underlines this possibility. Furthermore, this case is important because of the high frequency of cheloid on black skin. Treatment of this association consists of large exaeresis of the tumoral injury and regular watch on the other cheloid scars. It would be unnecessary to try to cut off the cheloid injuries at the risk of producing other bulky cheloids. In fact, our patient has produced cheloids again on the plastic surgery’s marks (Figure 5).

**Conclusion**

Cheloids are frequent on black skin. There is the possibility of a malignant tumor transformation. That underlines the necessity of a permanent surveillance of the cheloid injuries and a histology analysis is imperative.
Figure 3. Wound after large tumor exaeresis taking away muscles’ fascias and letting in sight the muscles’ fibers (A).

Figure 4. Skin plastic surgery in « Z » allowing closure without any tension by rotation of two cutaneous flaps.
if surgery is needed. Treatment of cheloids is based on large tumoral injury exaeresis and a regular observation of the other cheloids.

REFERENCES
