



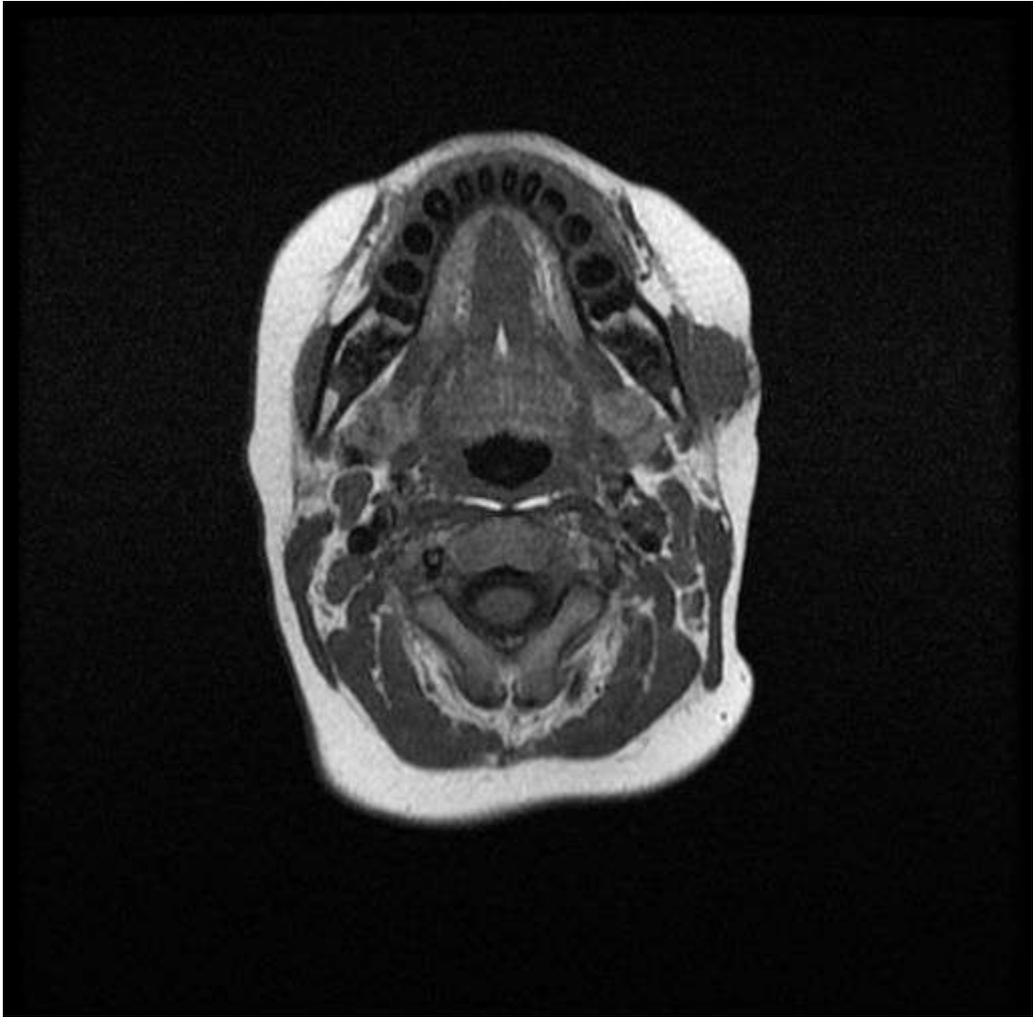
CLUB DE PATOLOGÍA DE CABEZA Y CUELLO XXV CONGRESO DE LA SEAP ZARAGOZA

**Dr. Joan J. Sirvent Calvera
Hospital Universitari Joan XXIII
Universitat Rovira i Virgili**



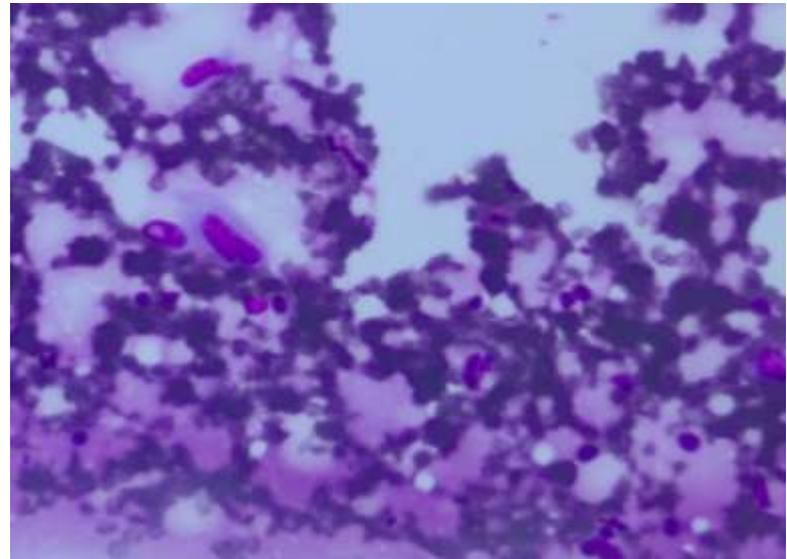
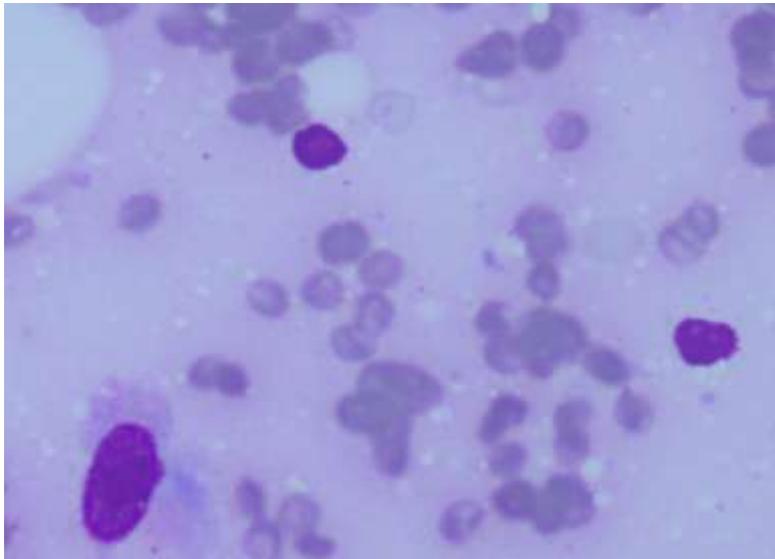
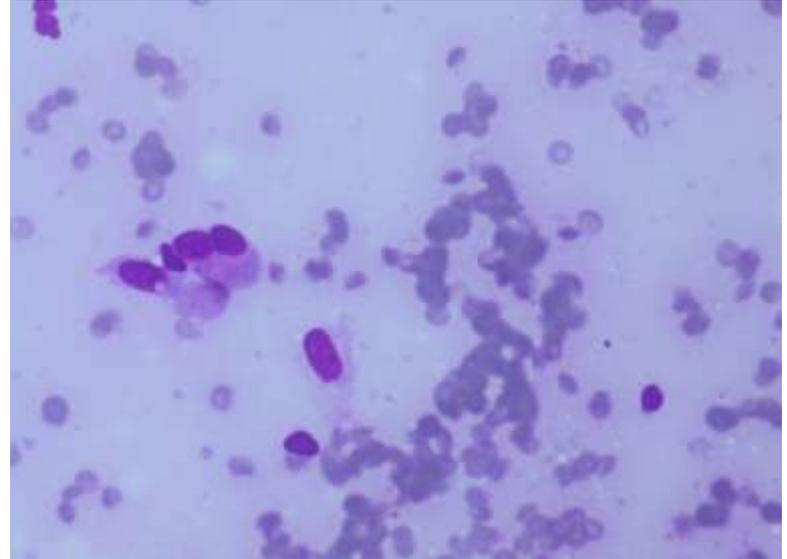
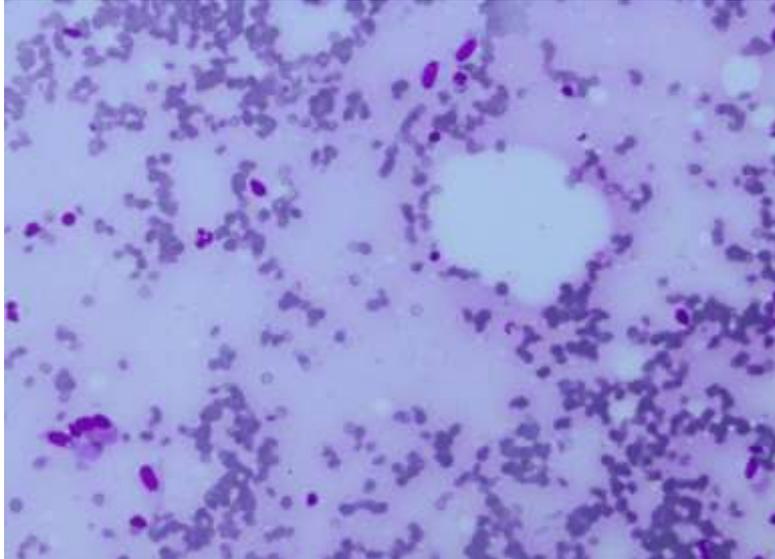
HISTORIA CLÍNICA

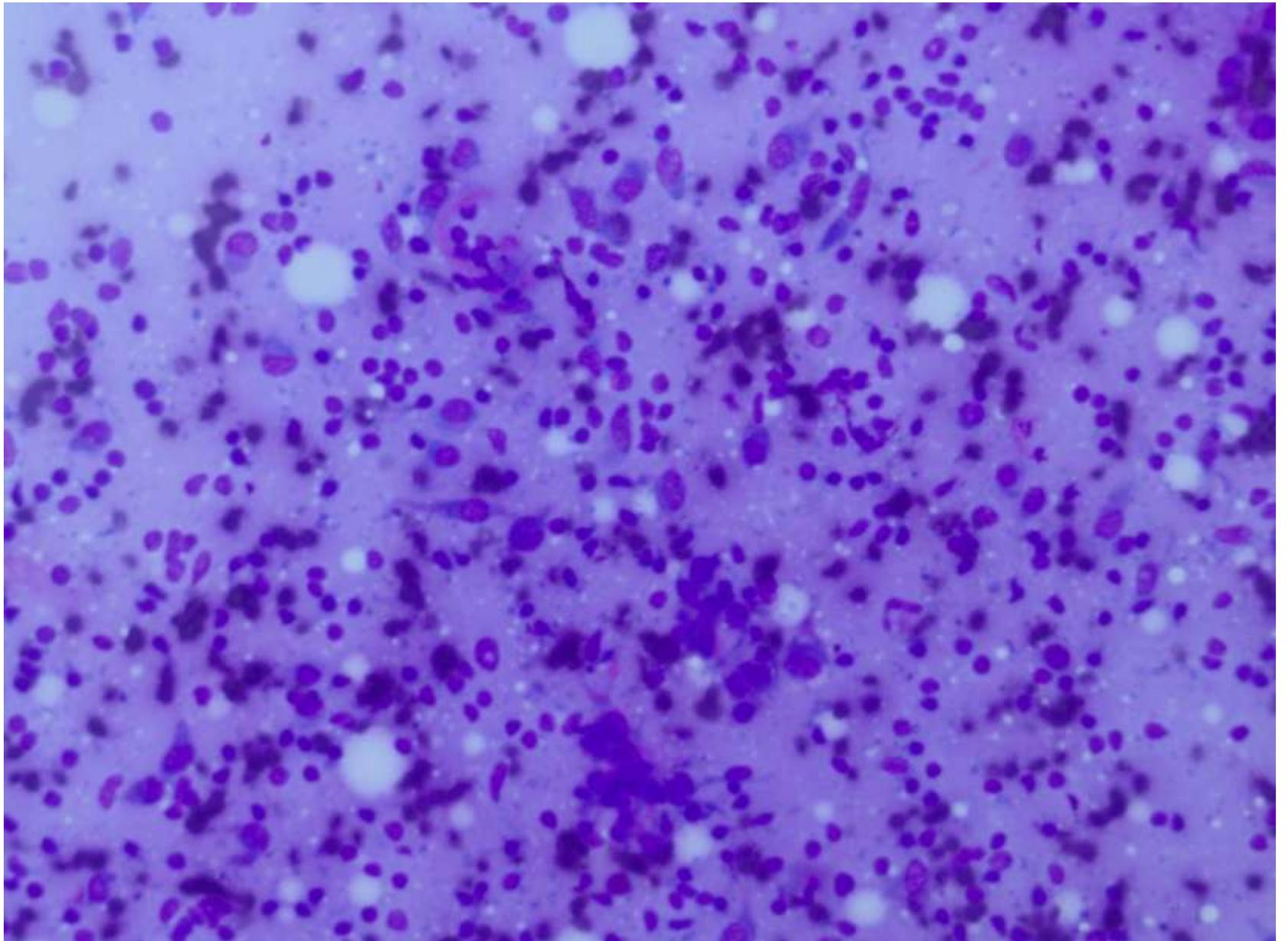
- Niña de 9 años que desde hace 18 meses presenta una tumoración en la región del ángulo mandibular. Por RNM mide unos 3 cm, no afecta músculo, hueso ni glándula parótida y contacta con fascia cervical. Los márgenes son discretamente irregulares y no presenta cápsula.



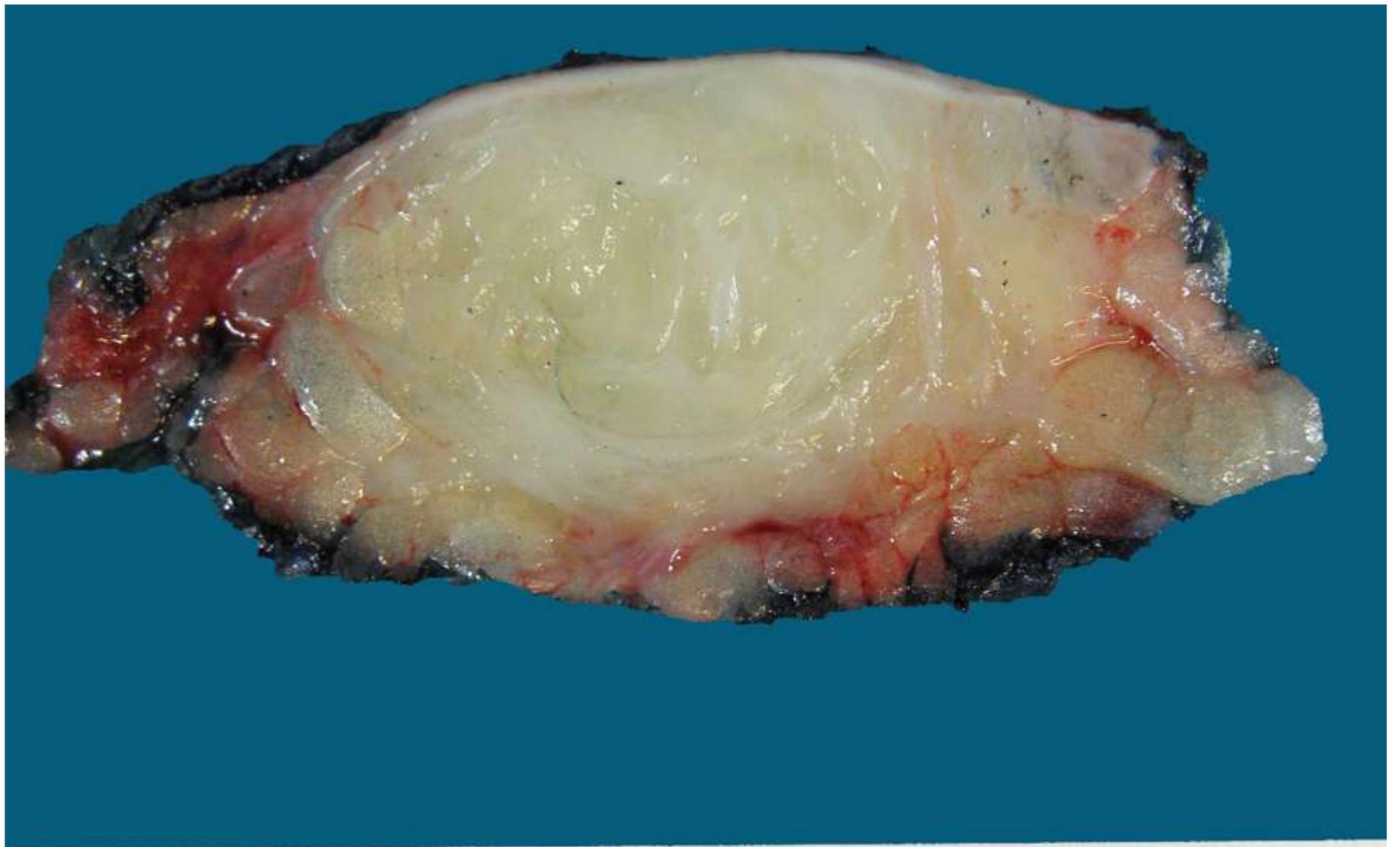


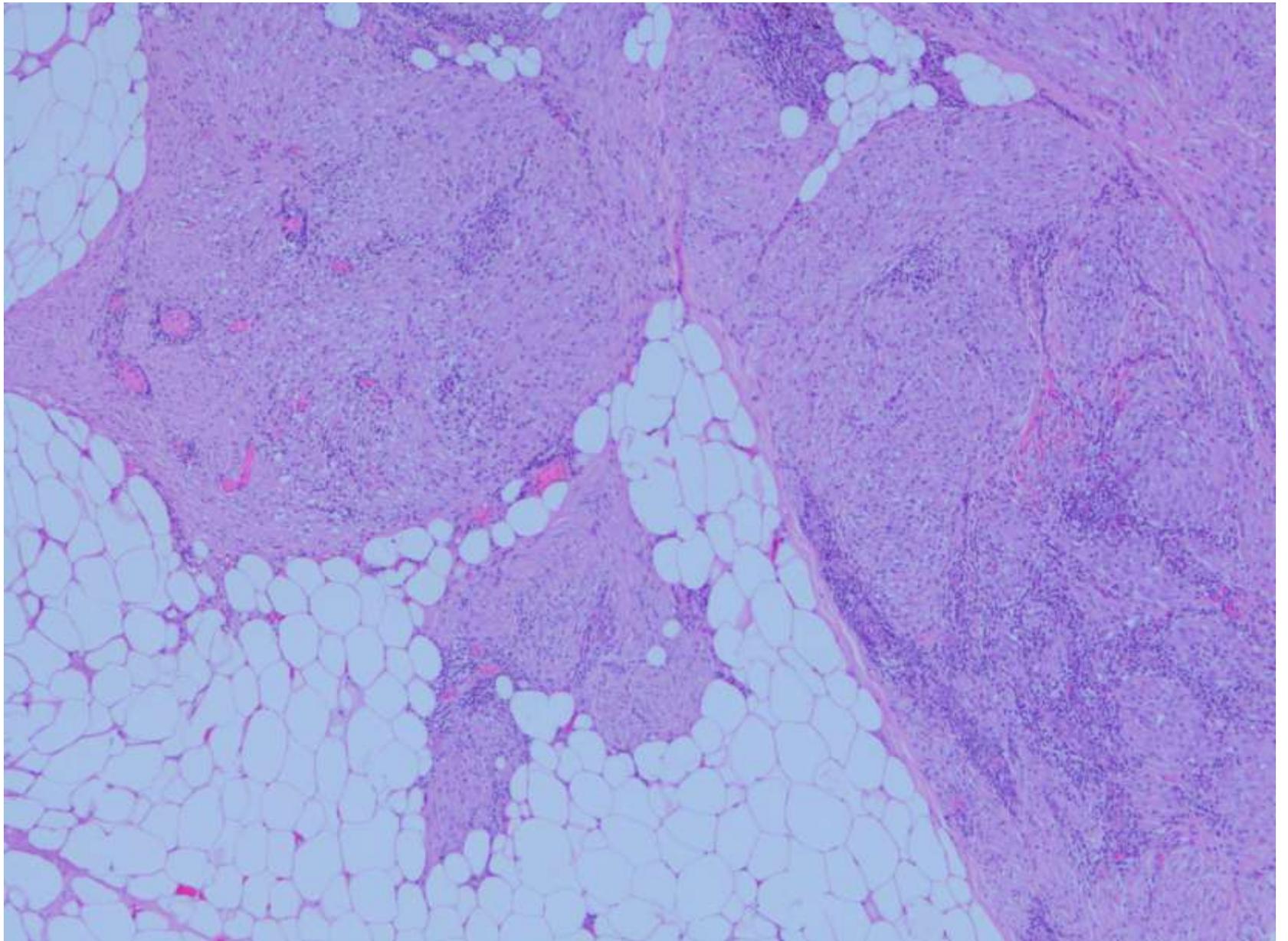
PAAF

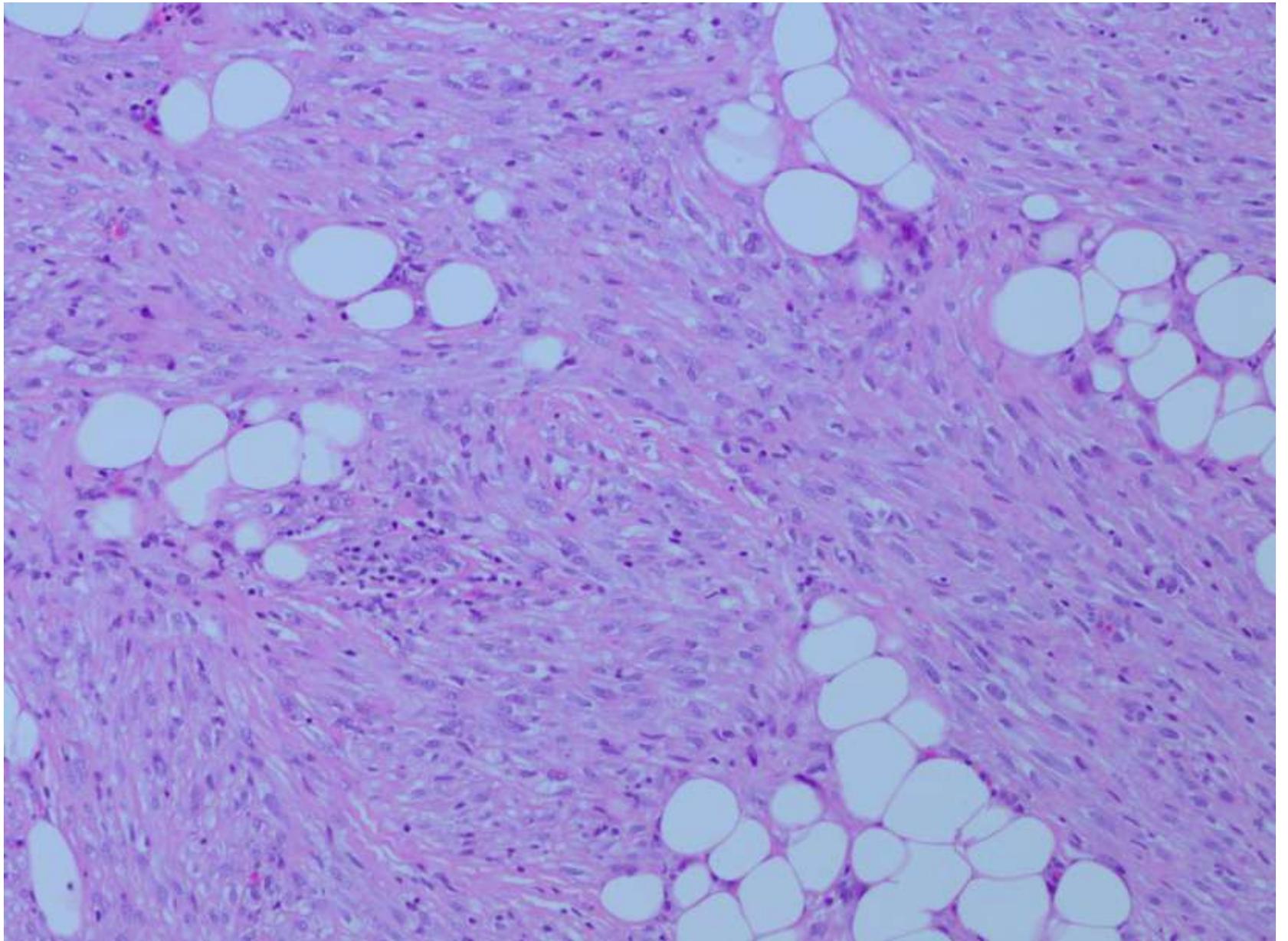


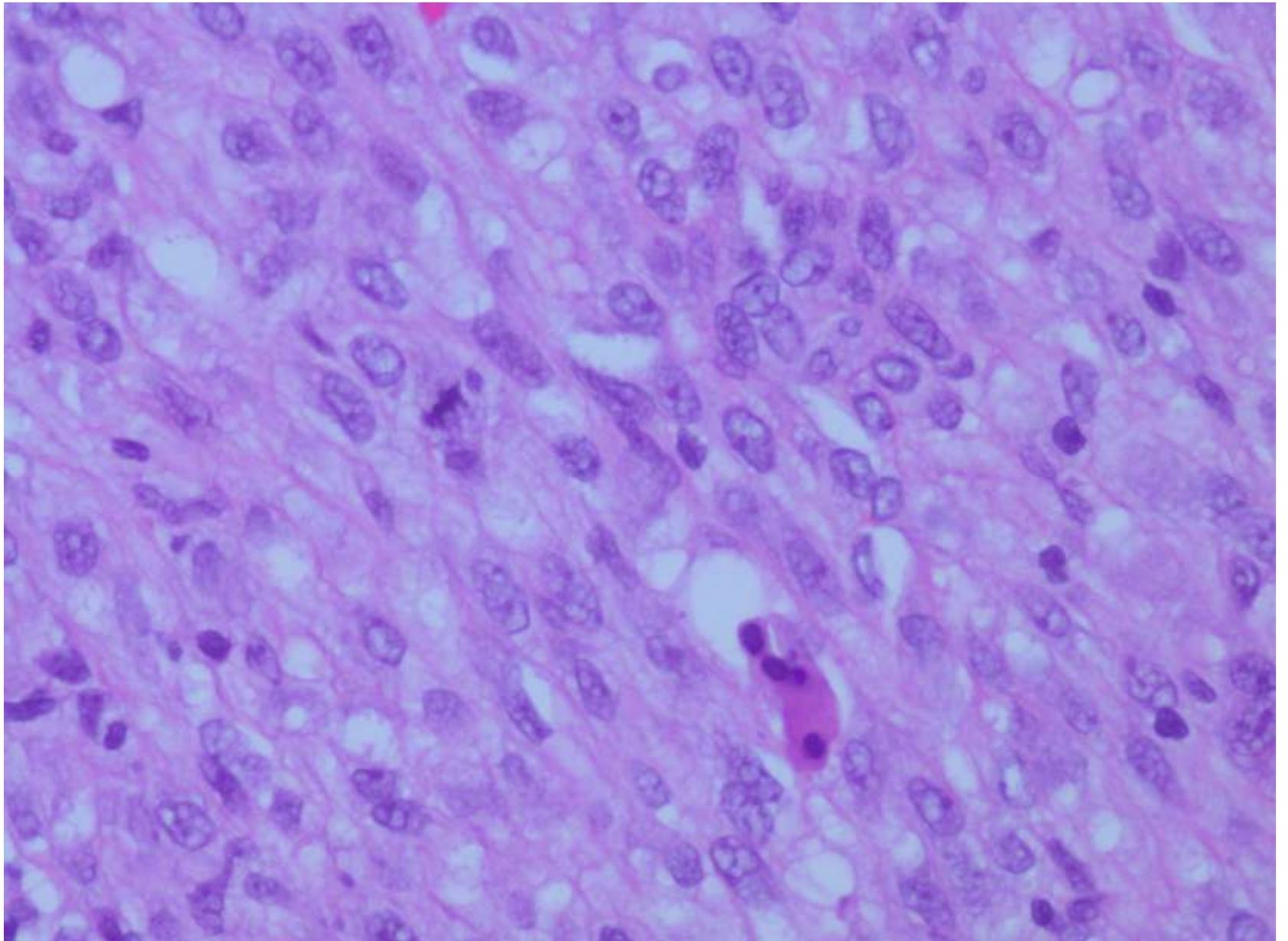


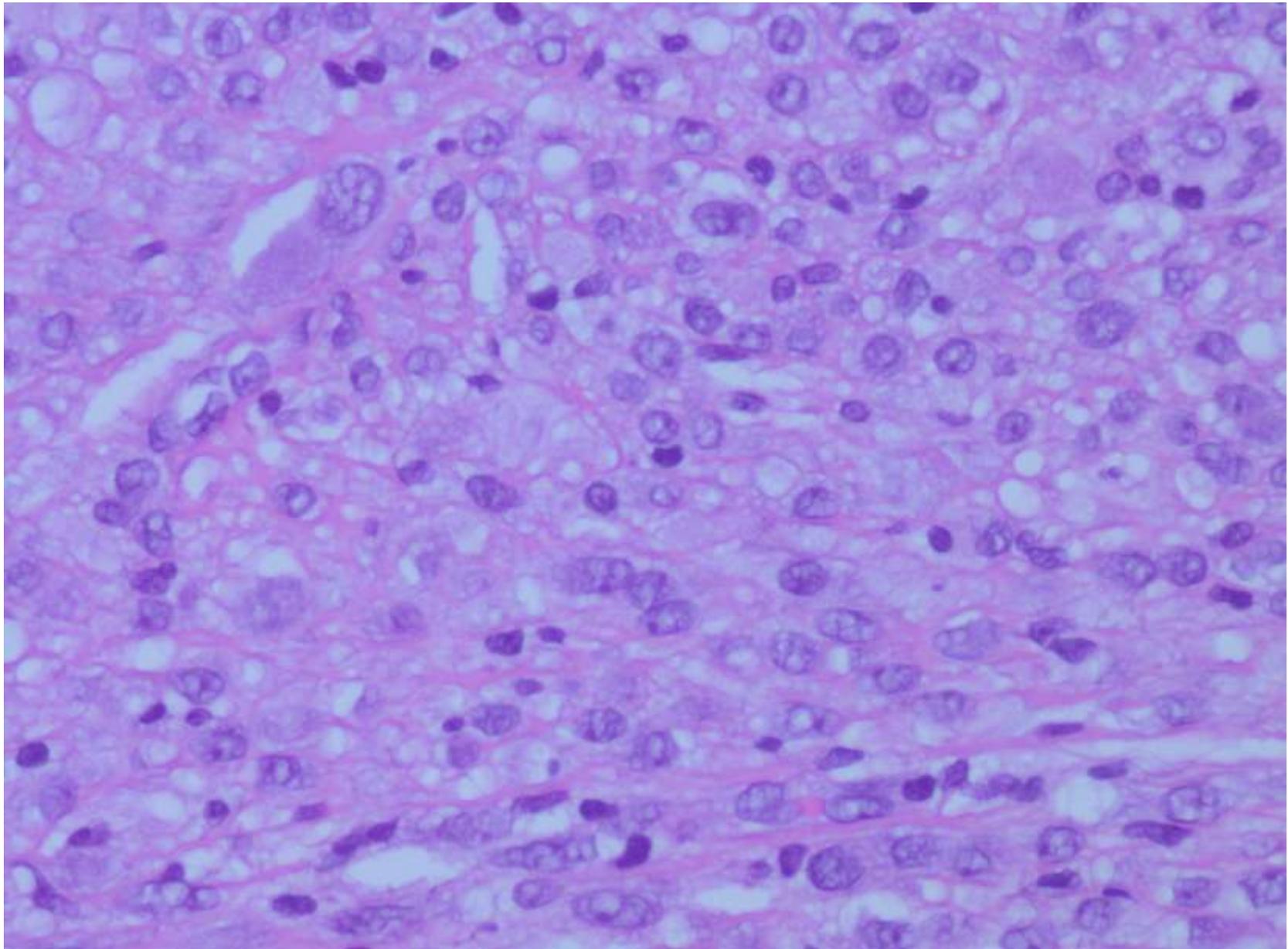
Proliferación fusocelular de baja agresividad citológica

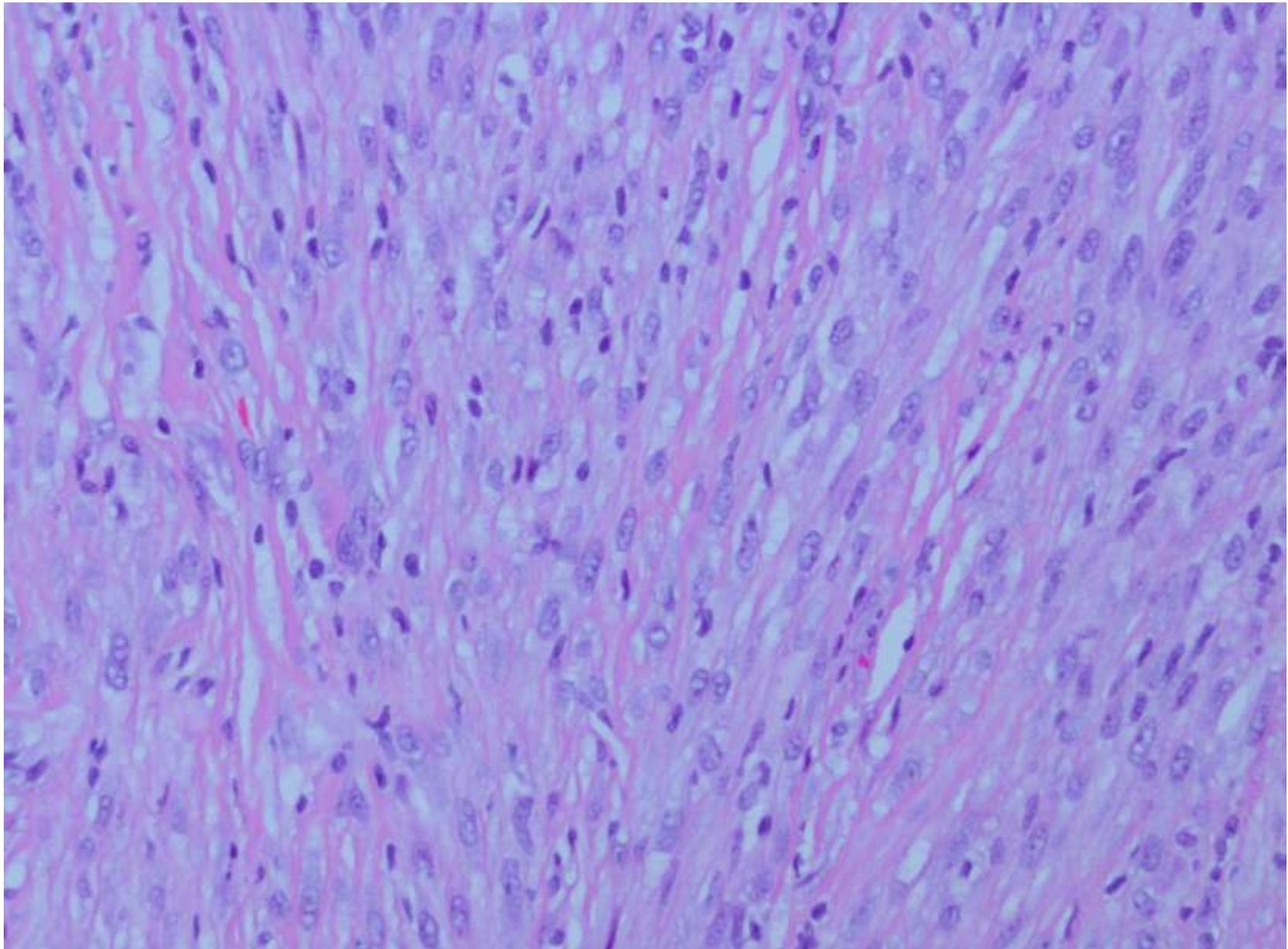


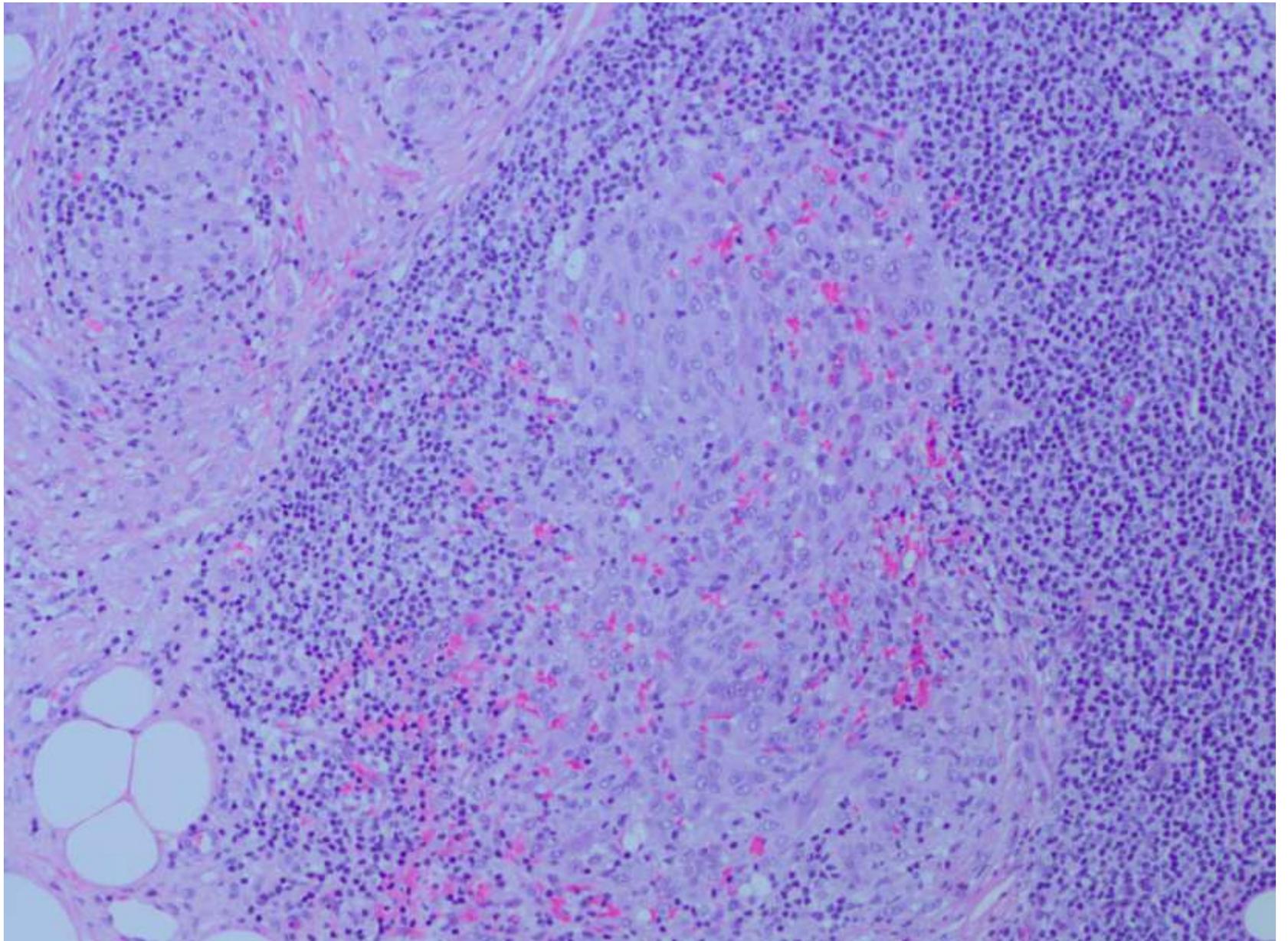


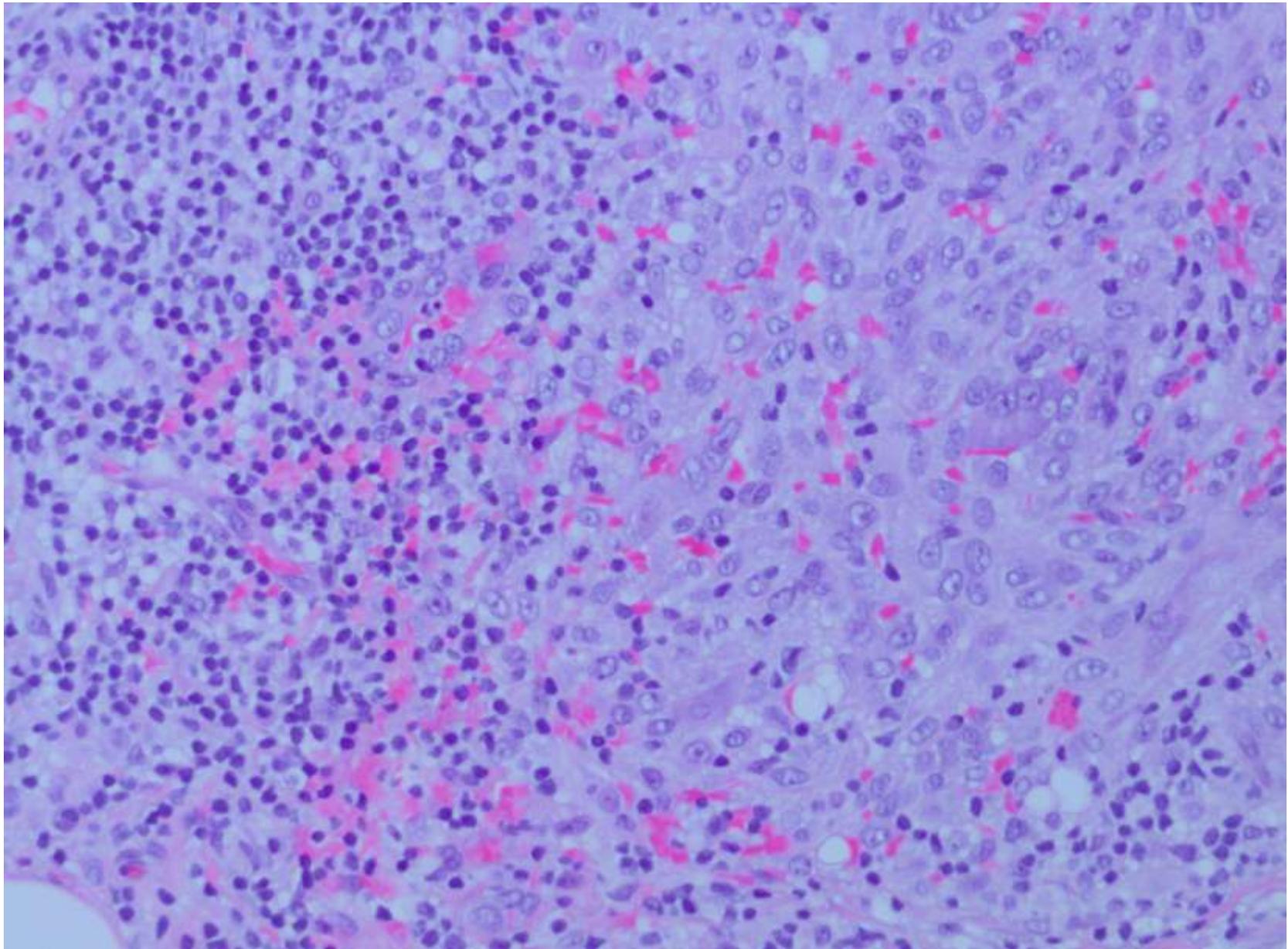


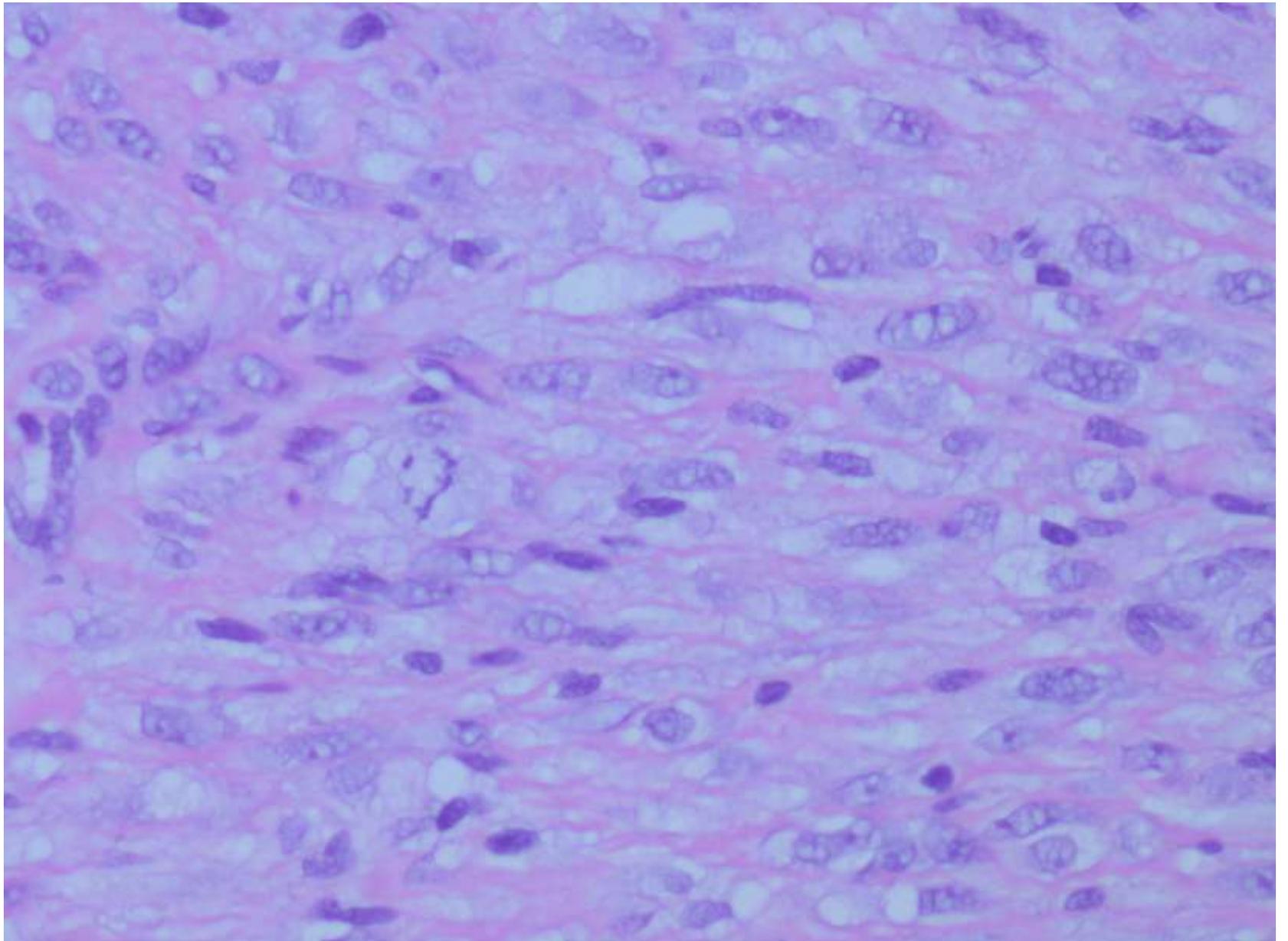


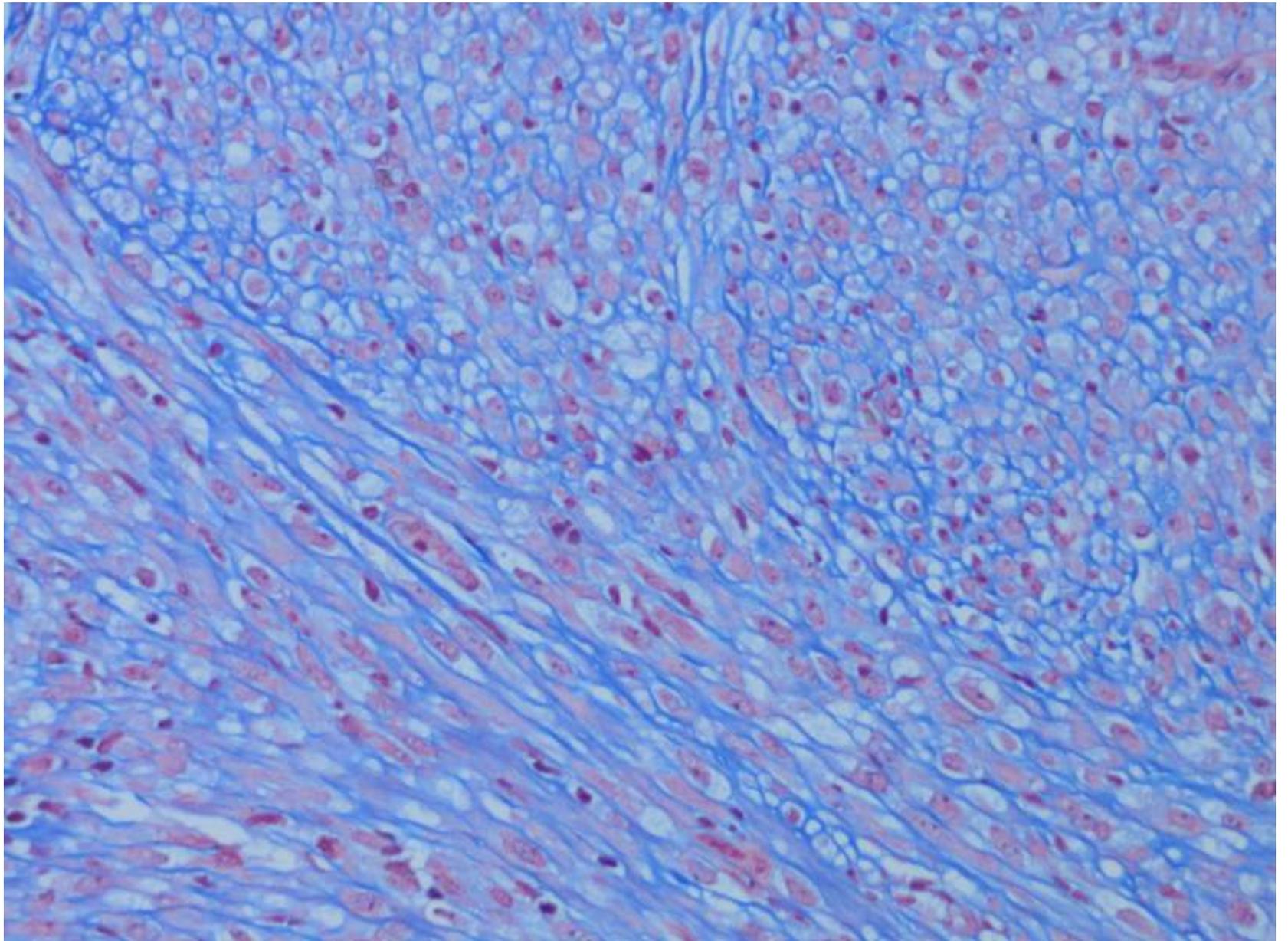


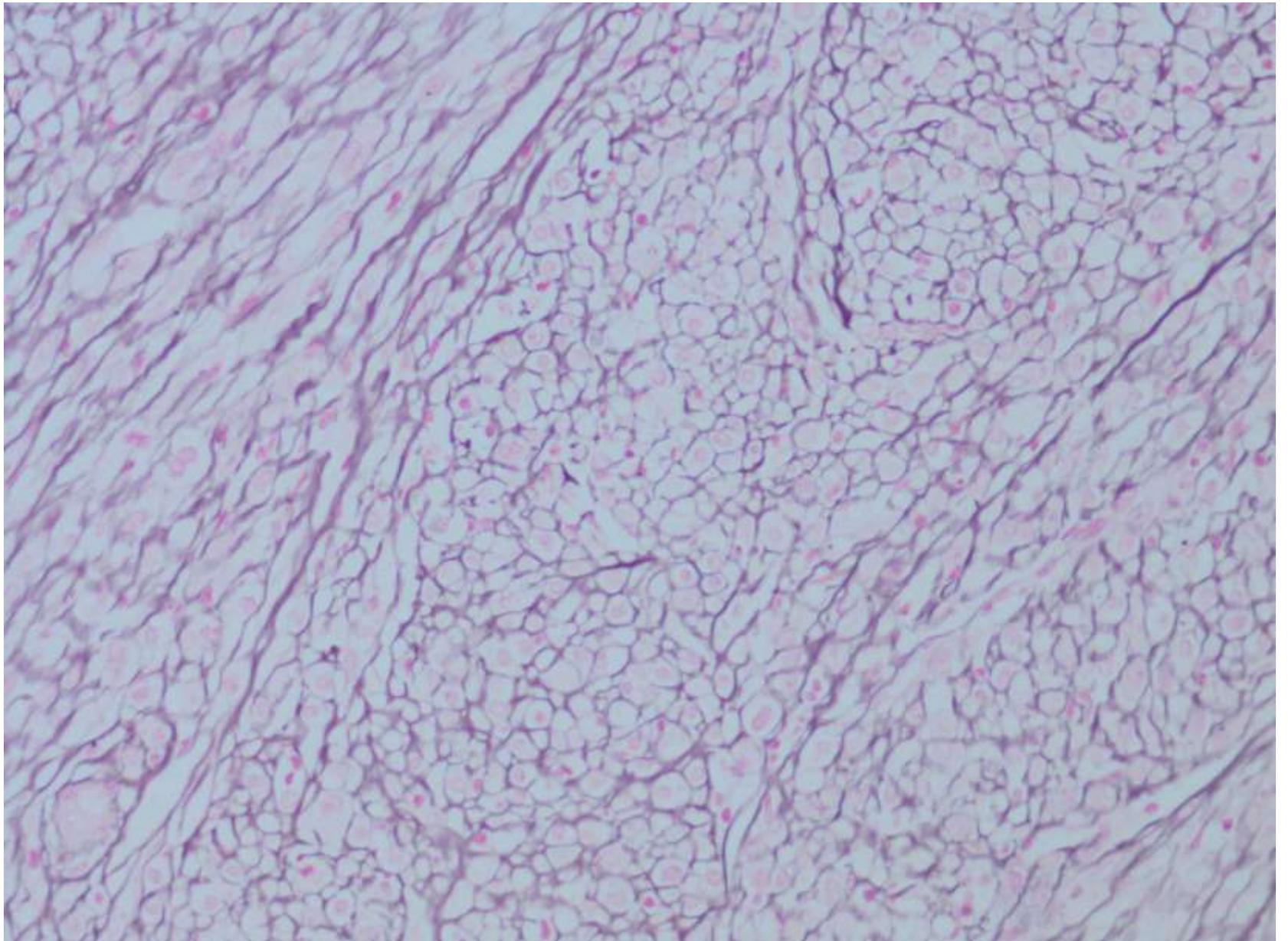


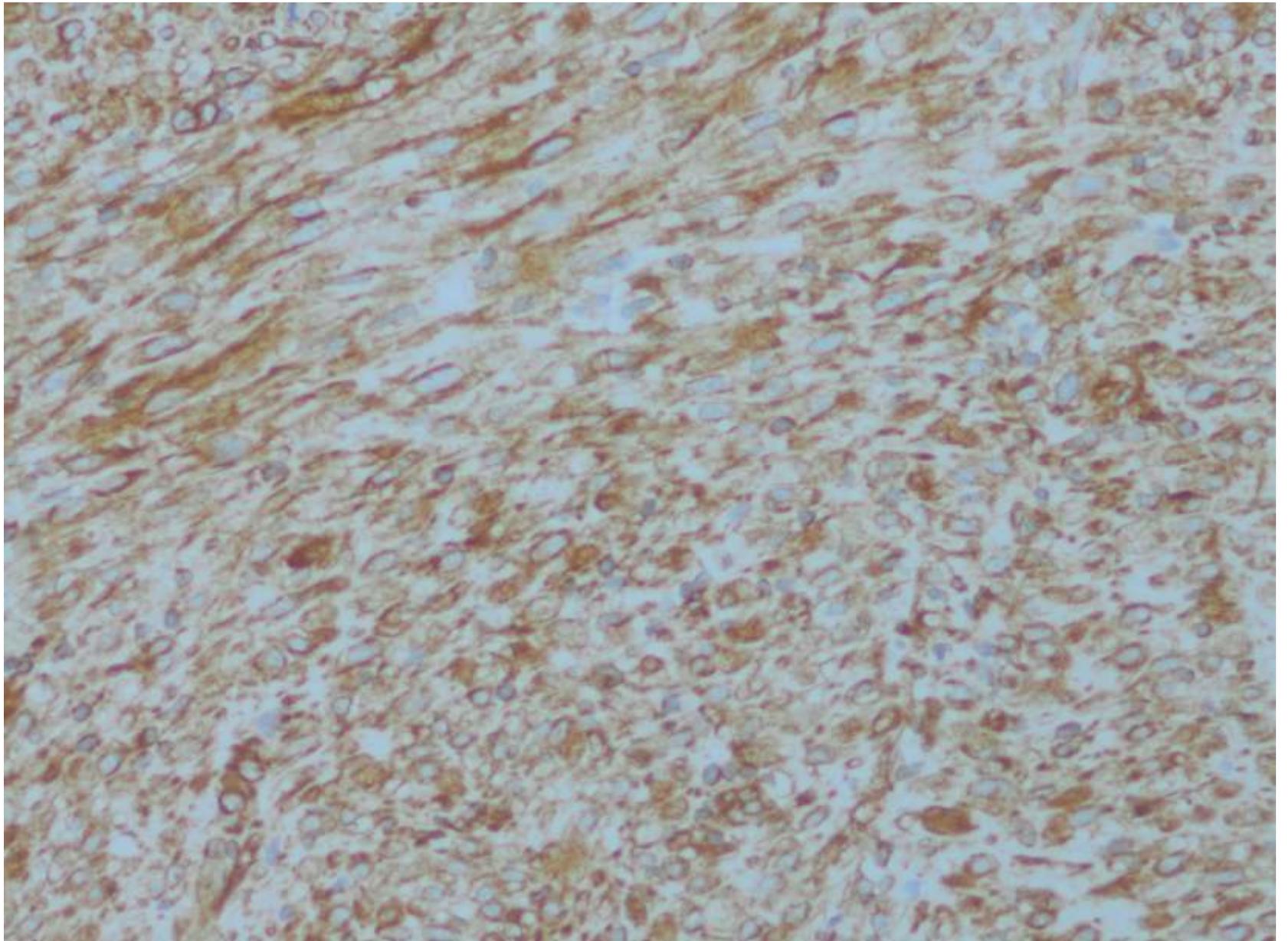




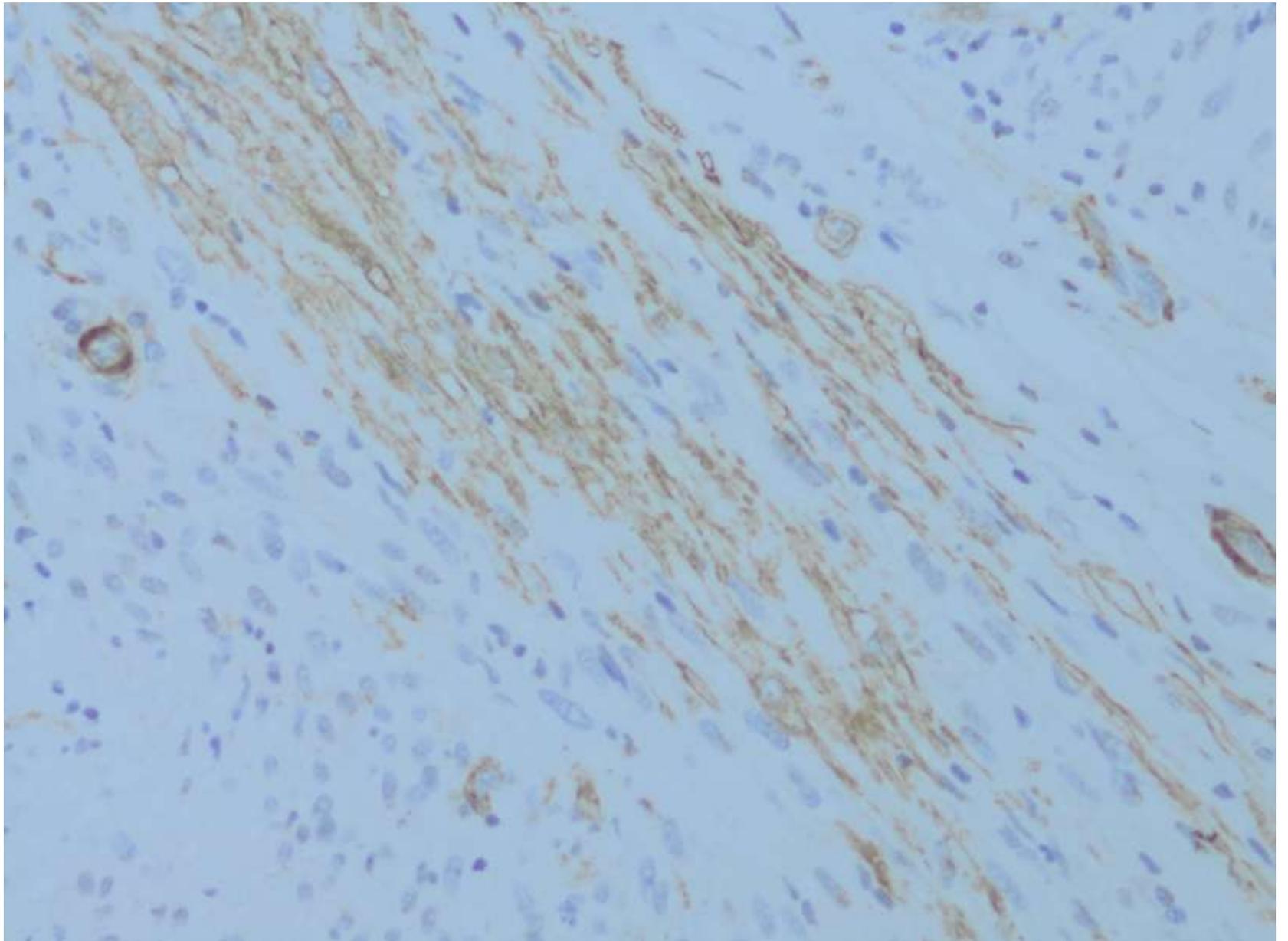




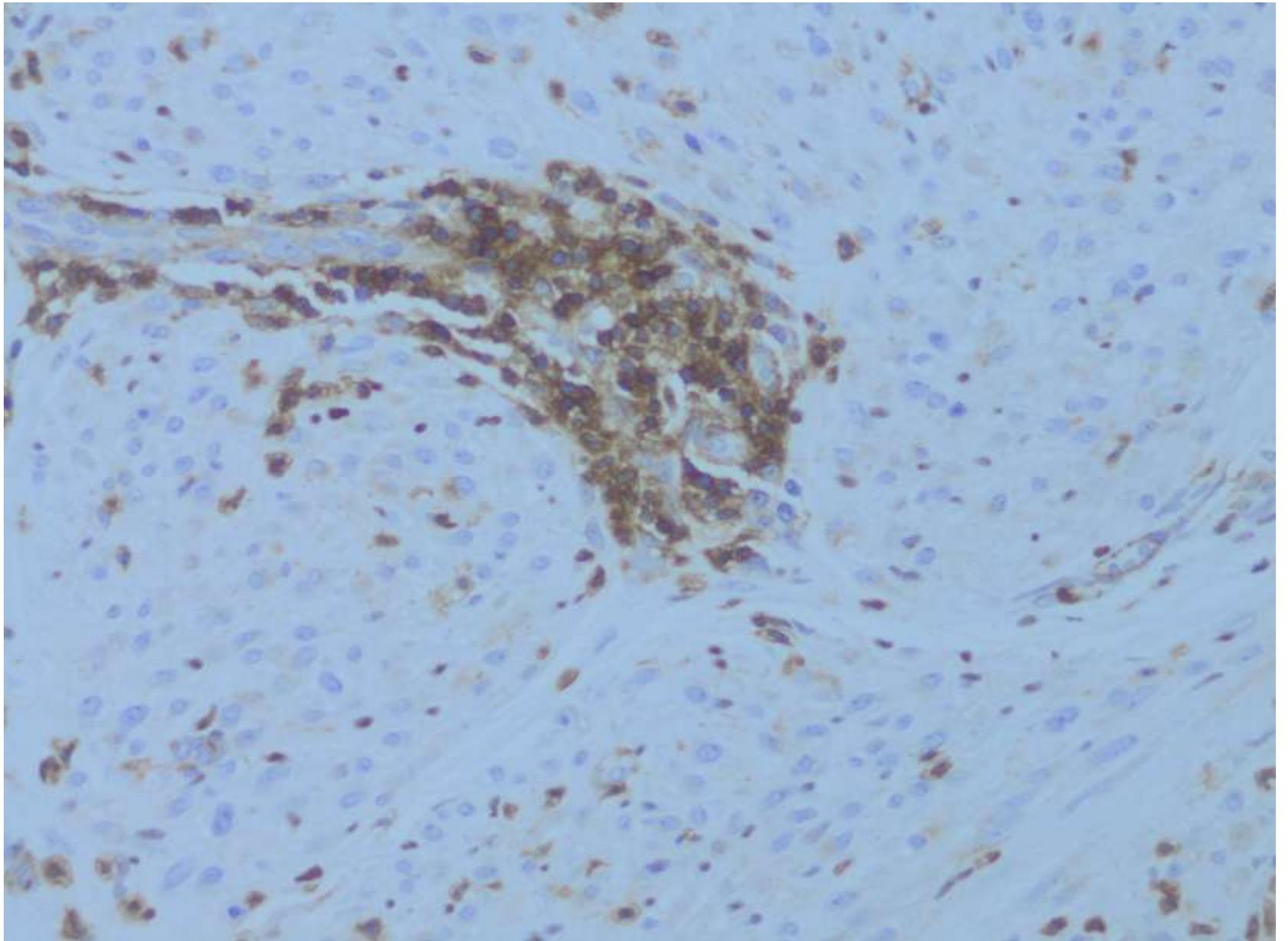




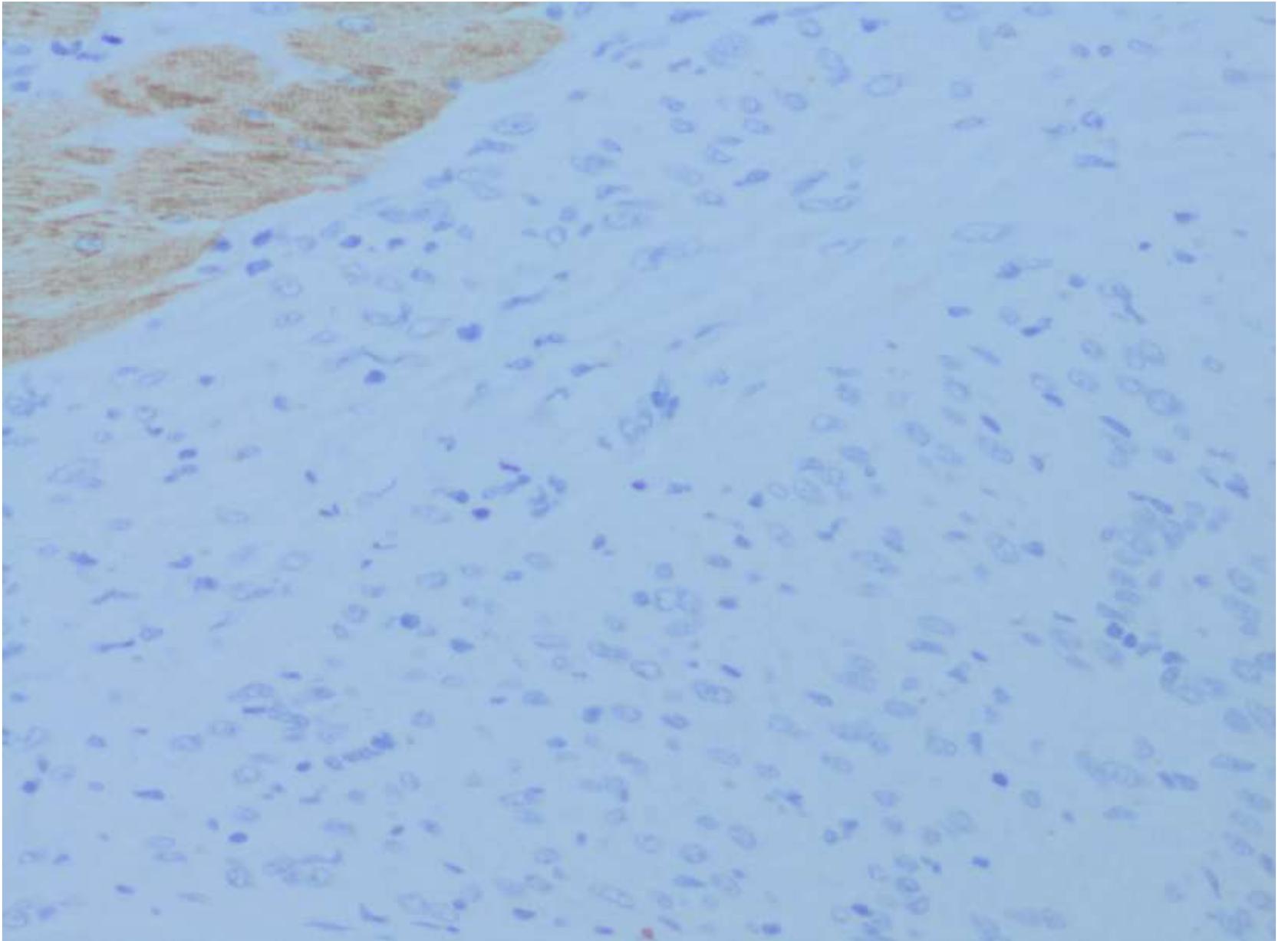
Vimentina



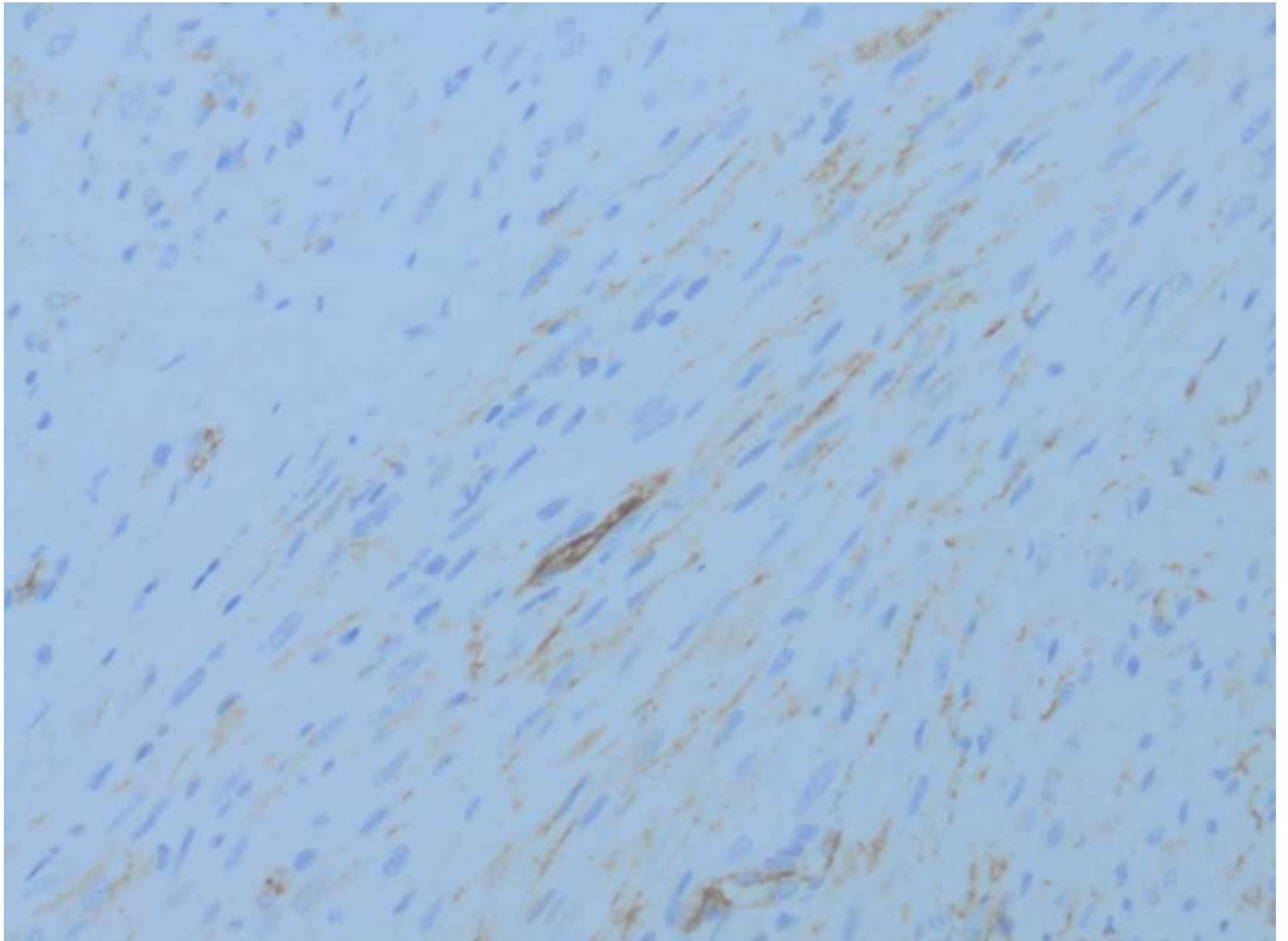
Actina muscular específica



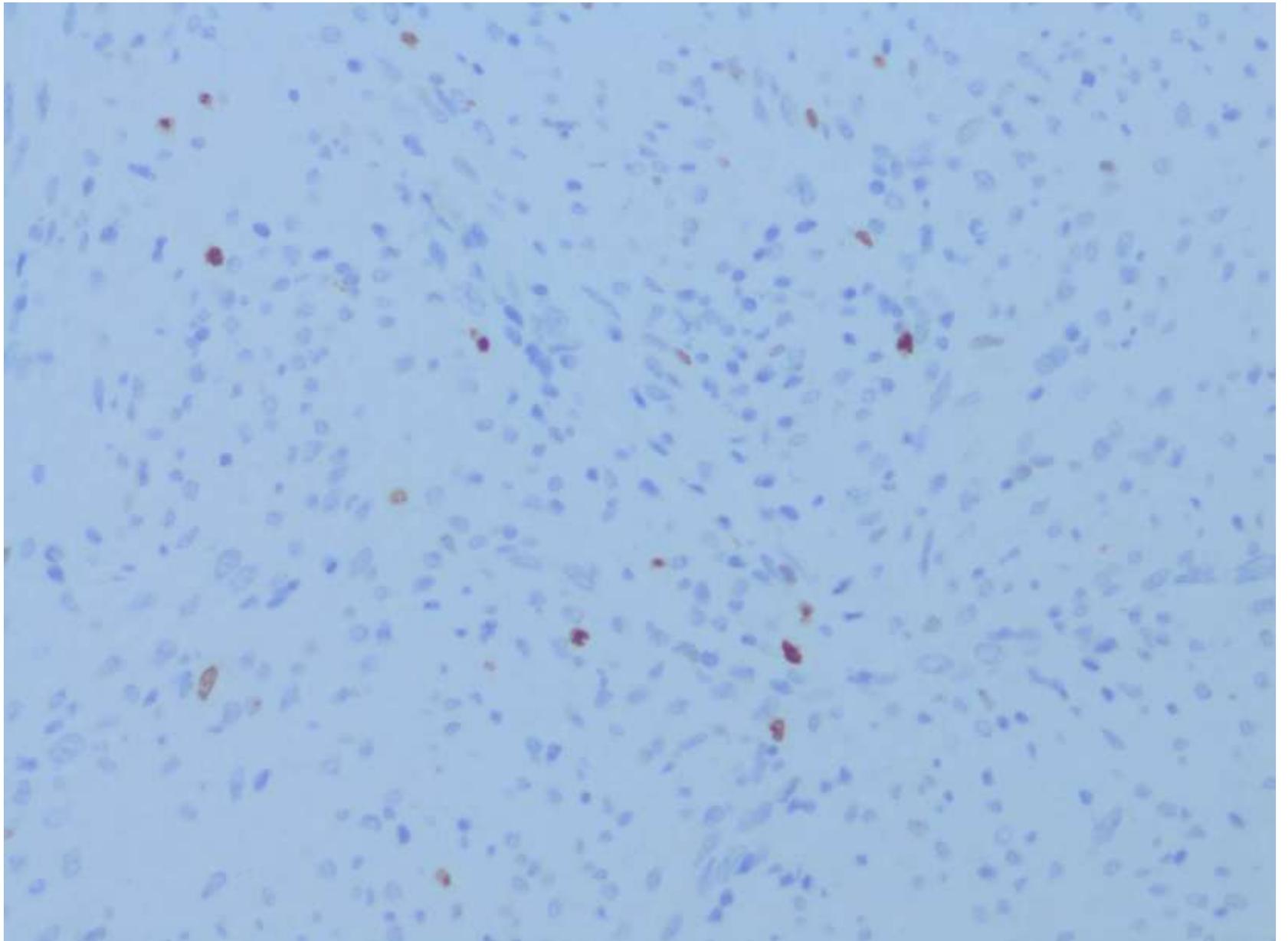
Antígeno leucocitario común



Desmina



CD34



Ki-67

Diagnóstico: Fasciitis nodular

Fasciitis nodular

- **Proliferación miofibroblástica reactiva**
- **Autolimitada**
- **Aspecto pseudosarcomatoso:**
 - **Atíпия celular**
 - **Mitosis**
 - **Patrón infiltrativo**
- **Tejido celular subcutáneo (a veces intradérmico)**
- **Tronco, extremidades superiores y cabeza y cuello**
 - **Cuero cabelludo**
 - **Cuello**
 - **Mejilla**
 - **Cavidad oral**
 - **Parótida, oído externo y región ocular**

Fasciitis nodular

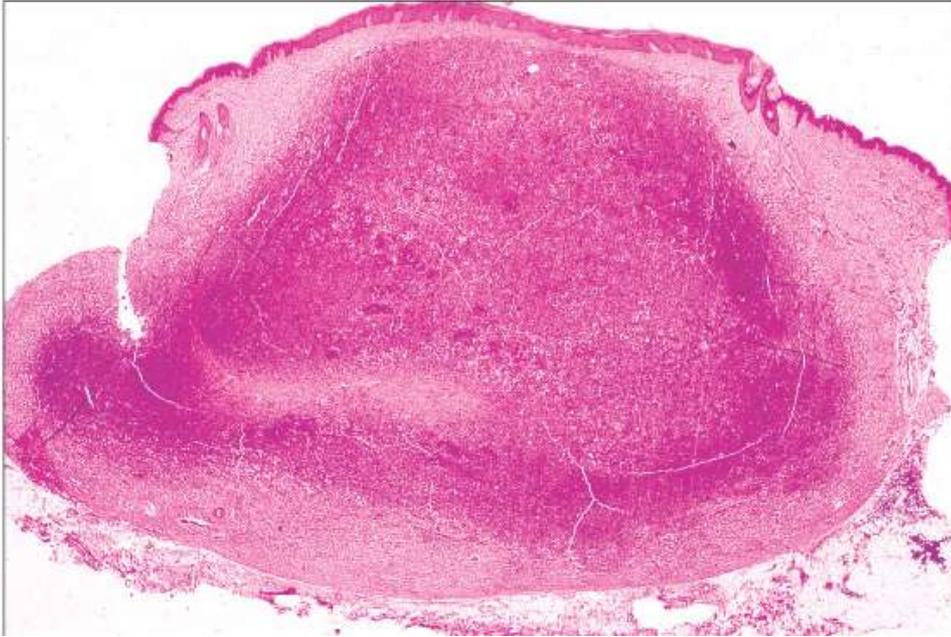
Children Hospital of Alabama

- 18 casos (13 /5)
- Edad: 5 meses- 18 años, X: 9 años
- Localización: predominio en cabeza y cuello (7/18 [39 %])
- Tamaño: 0,5-4,5 cm
- Etiología: 1/18 antecedente de trauma previo
- Extirpación incompleta: Involuciona
- Recidiva (1 caso): Regresa espontaneamente

Bemrich-Stolz CJ, Kelly DR, Muensterer OJ, Pressey JG. Single Institution Series of Nodular Fasciitis in Children. J Pediatr Hematol Oncol 2010, 32: 354-357

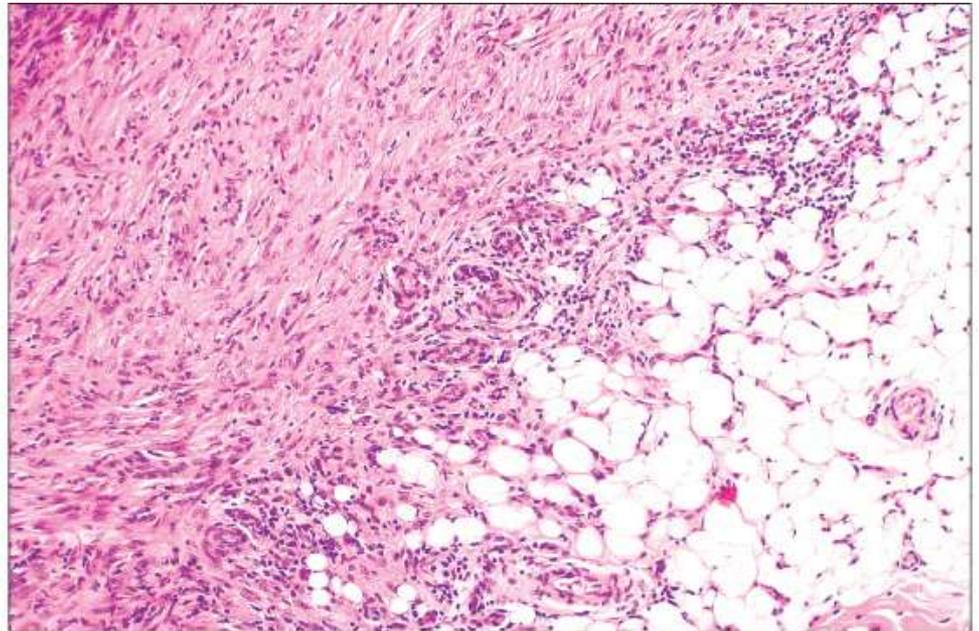
Diagnóstico diferencial

- **Procesos benignos**
 - Dermatofibroma
 - Miofibroma
 - Neurofibroma
 - Fibromatosis
 - Tumor fibroso solitario
 - Leiomioma
 - Angiomixoma
- **Tumores malignos**
 - Leiomiosarcoma
 - Fibrosarcoma
 - Dermatofibrosarcoma protuberans



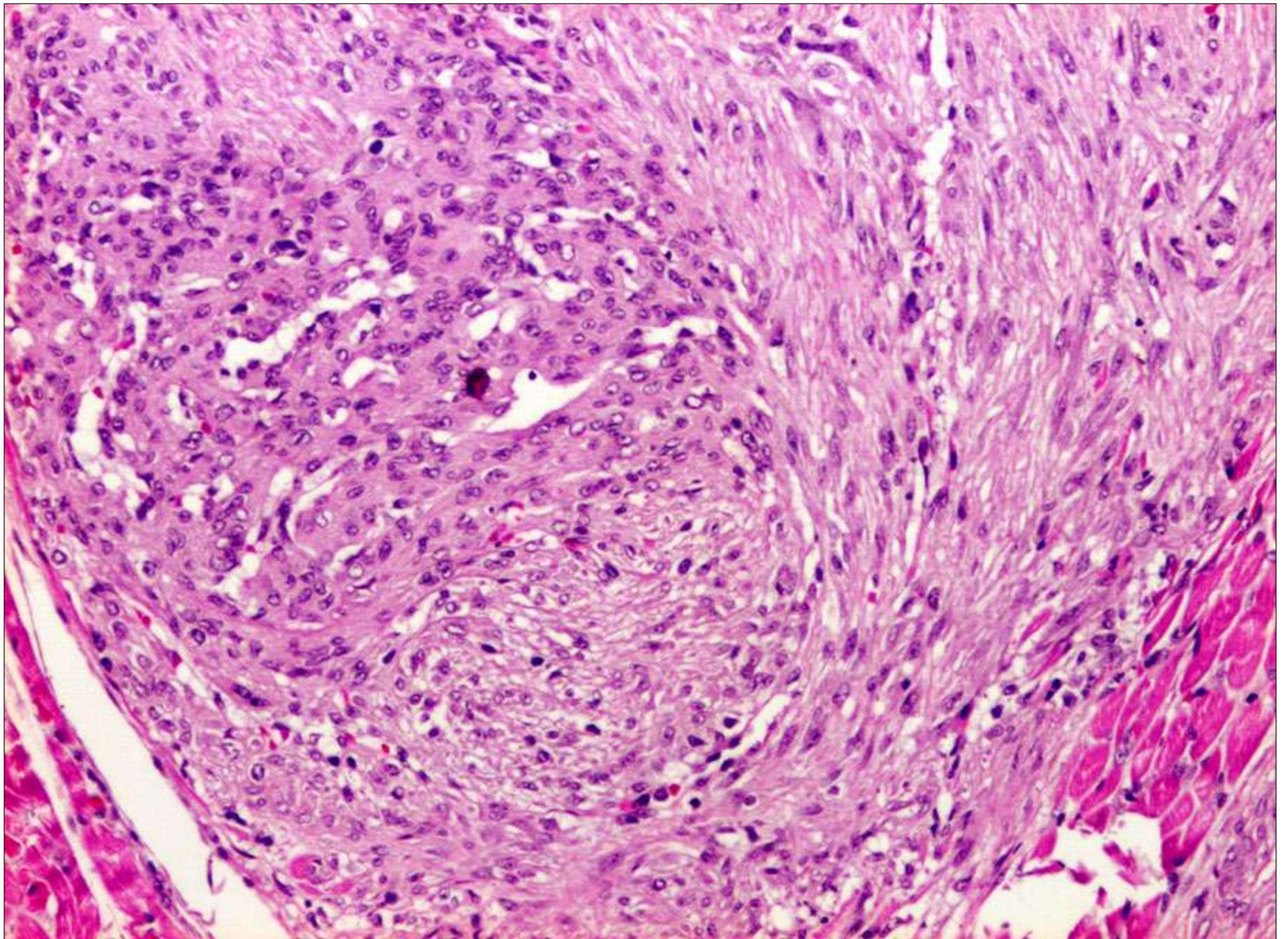
Dermatofibroma

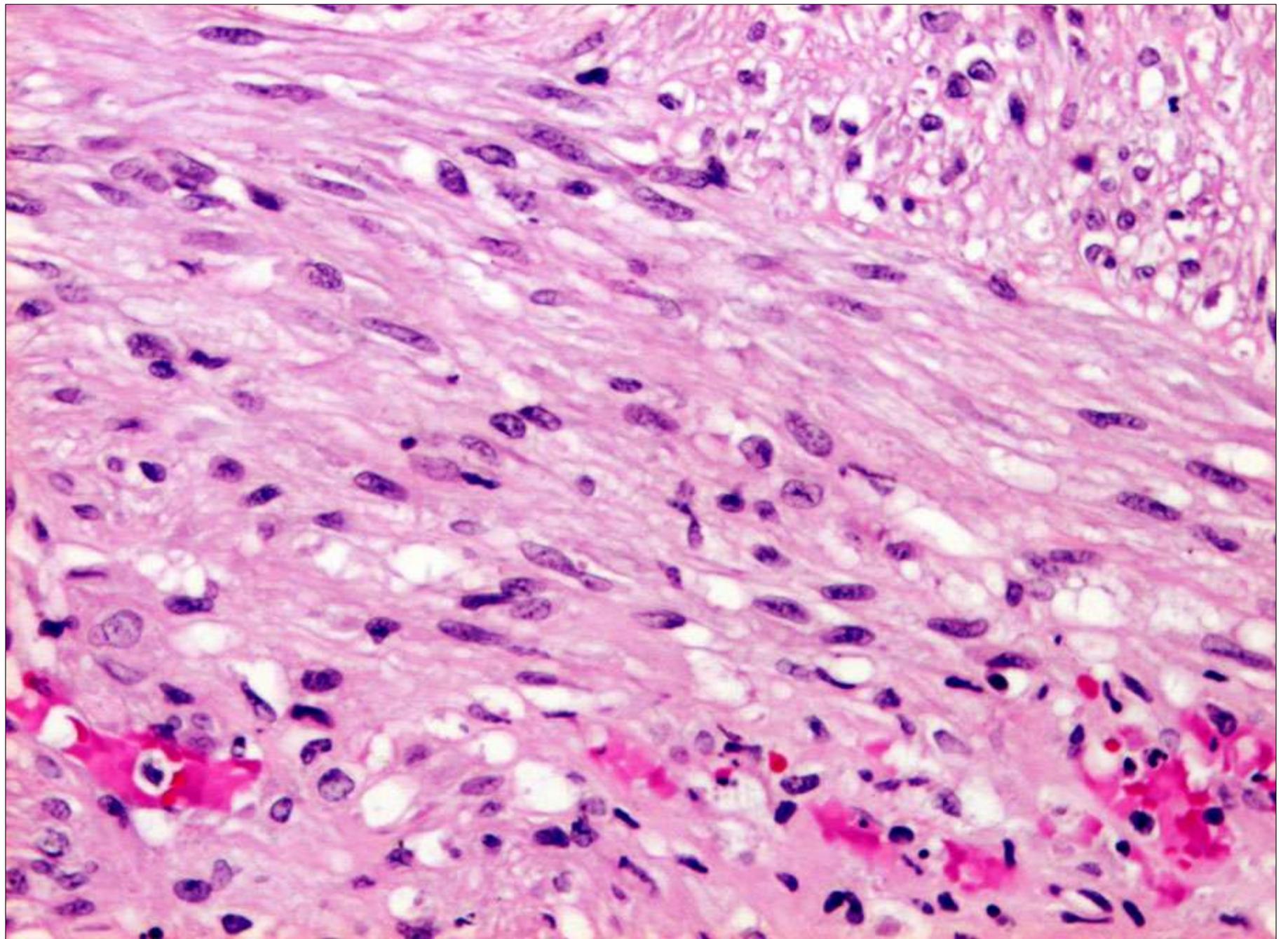
- Celularidad mas polimorfa
- Actina focal
- Factor XIIIa

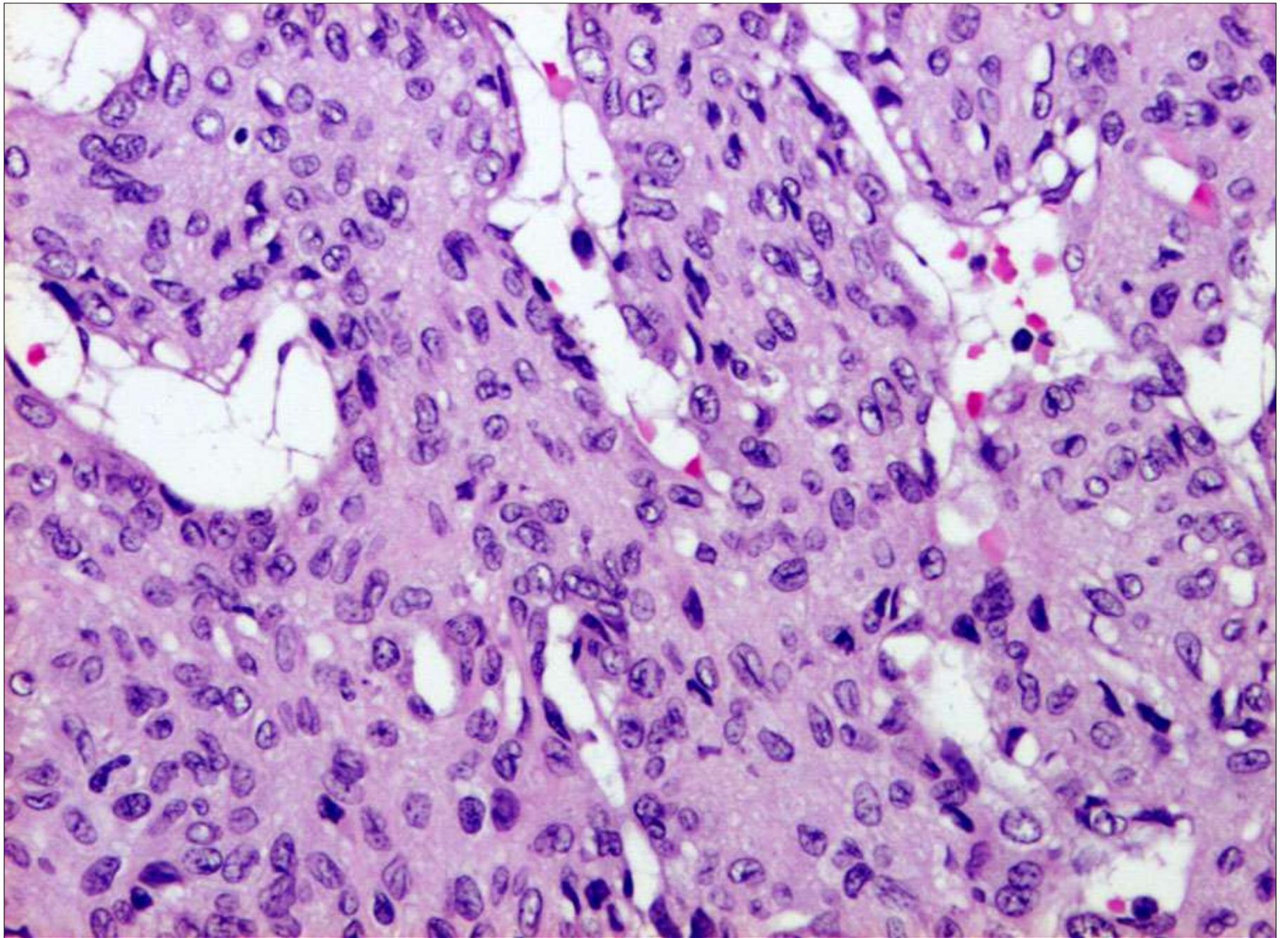


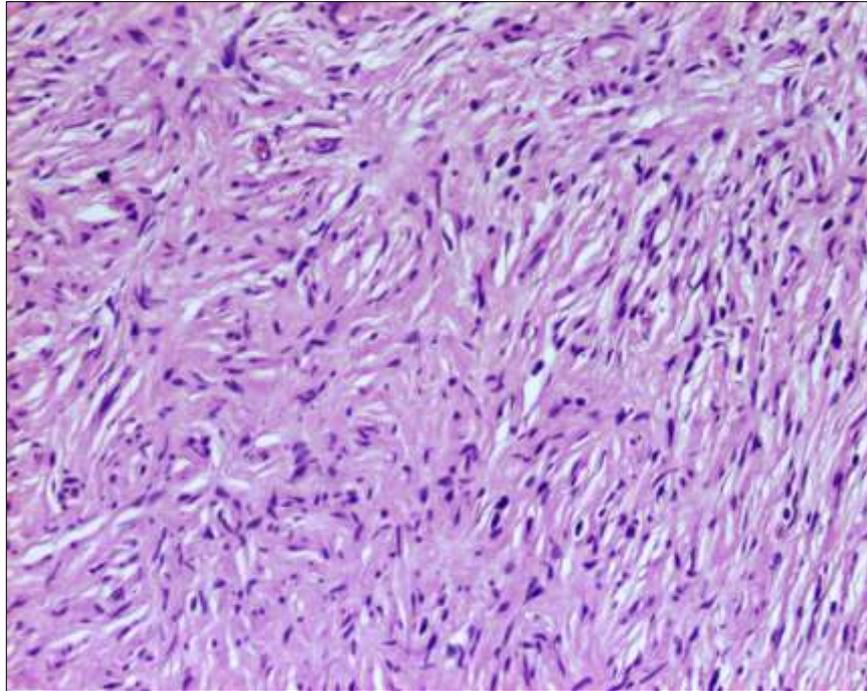


Miofibromatosis generalizada

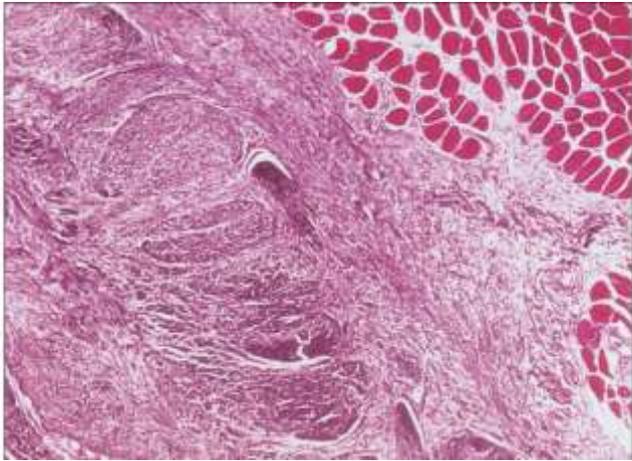






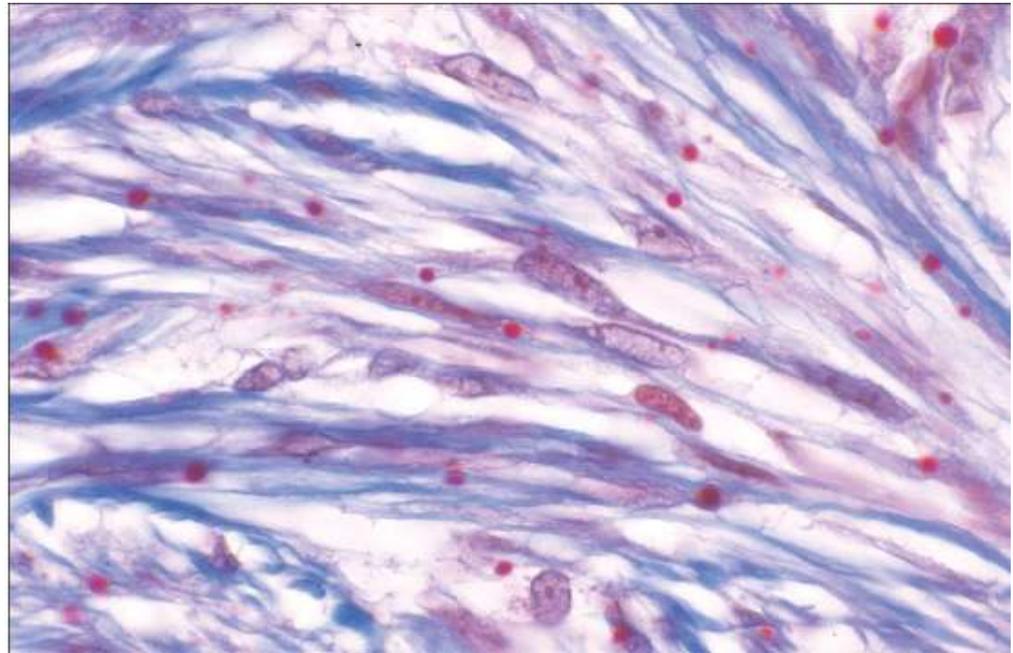


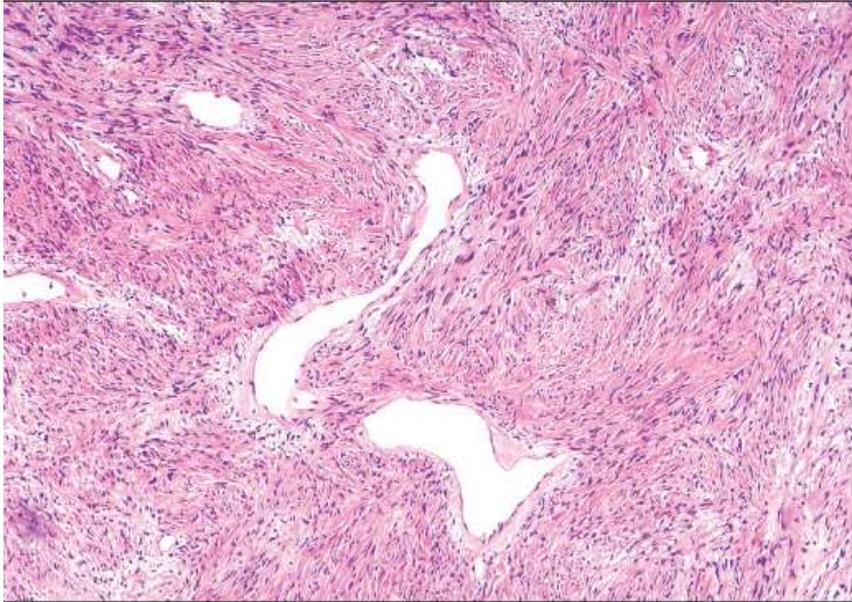
Neurofibroma
-Positividad para S100



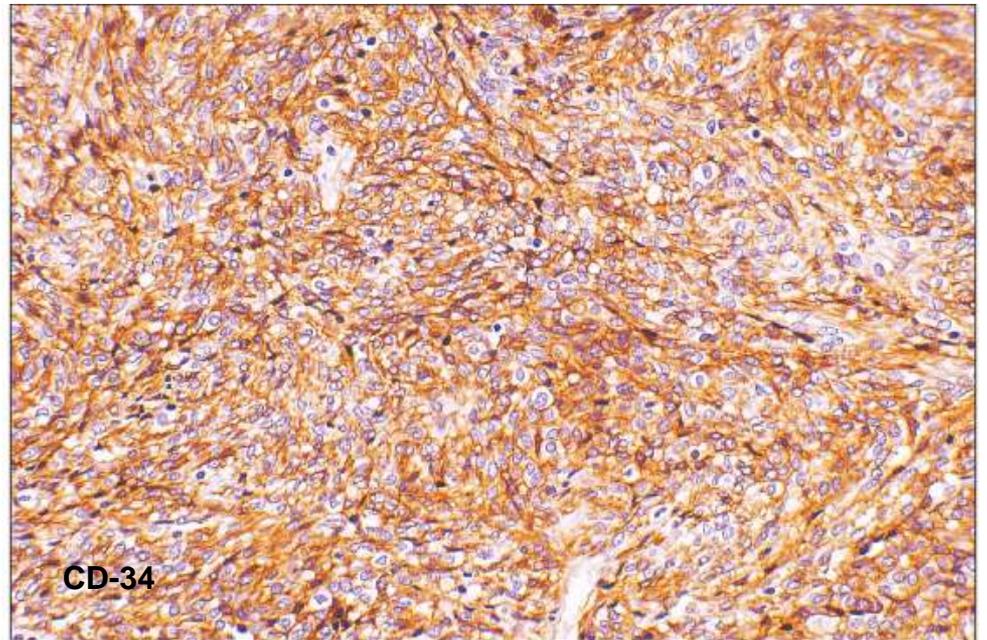
Fibromatosis

β -Catenina

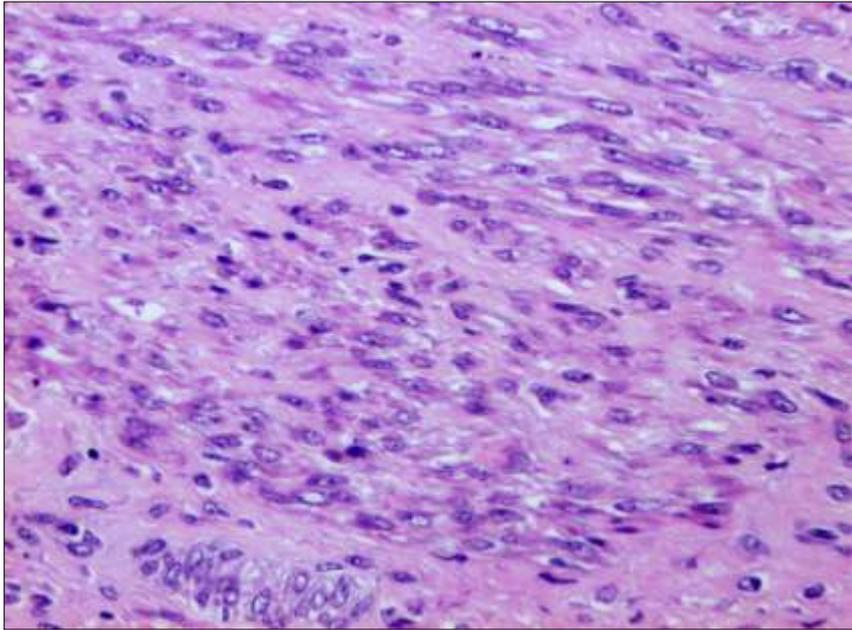




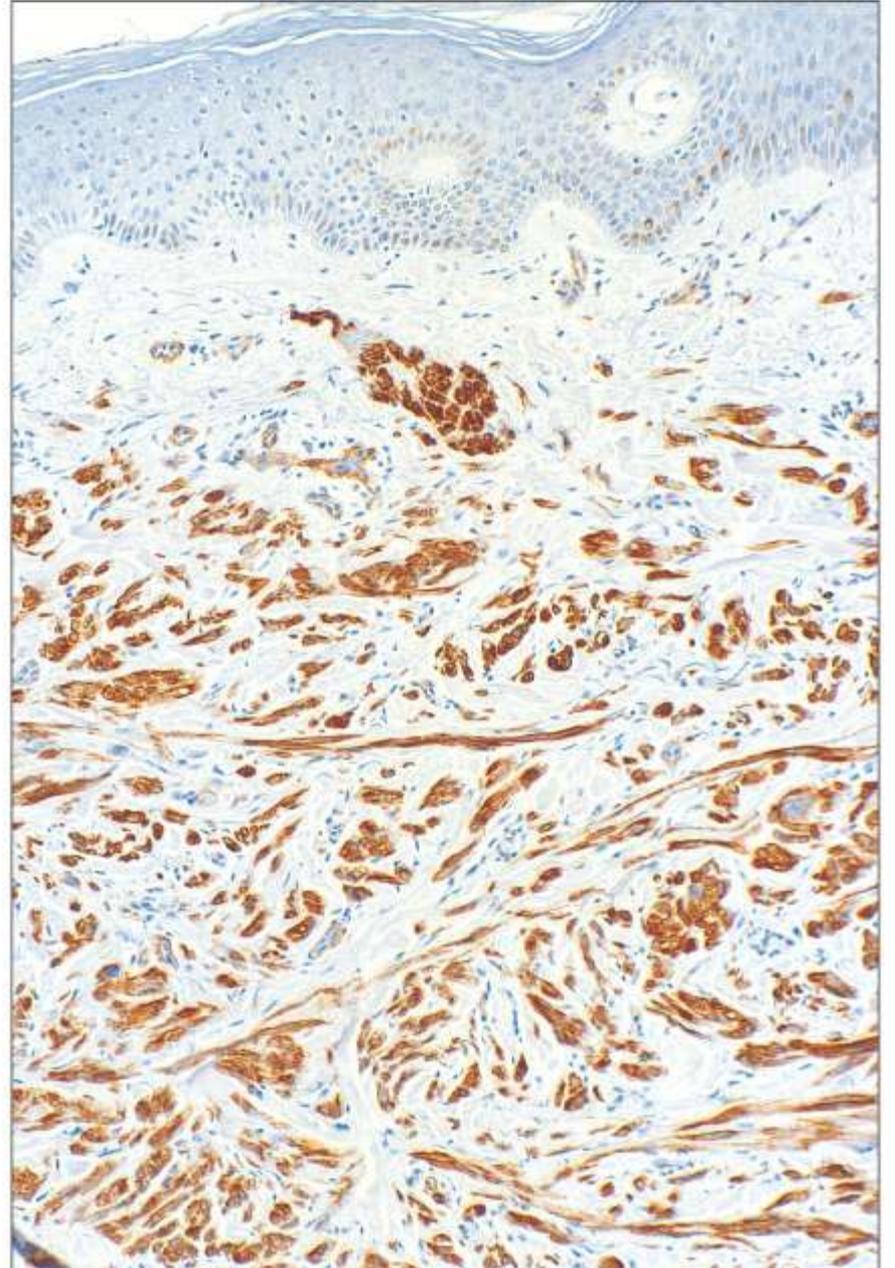
Tumor fibroso solitario

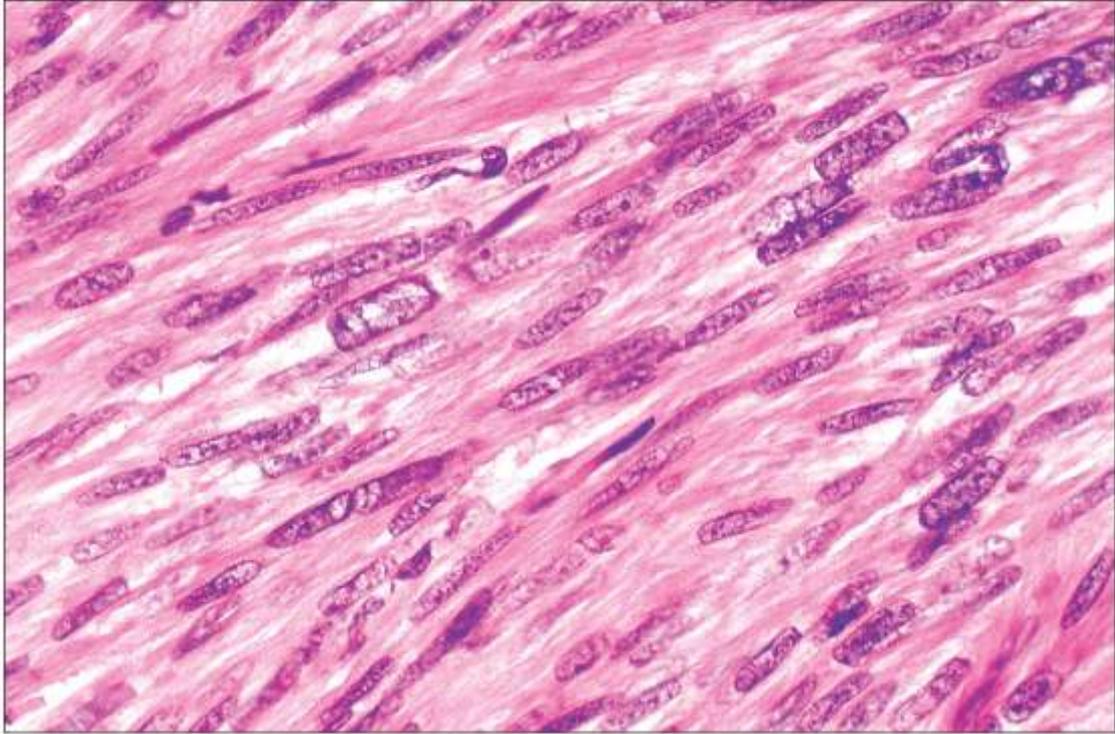


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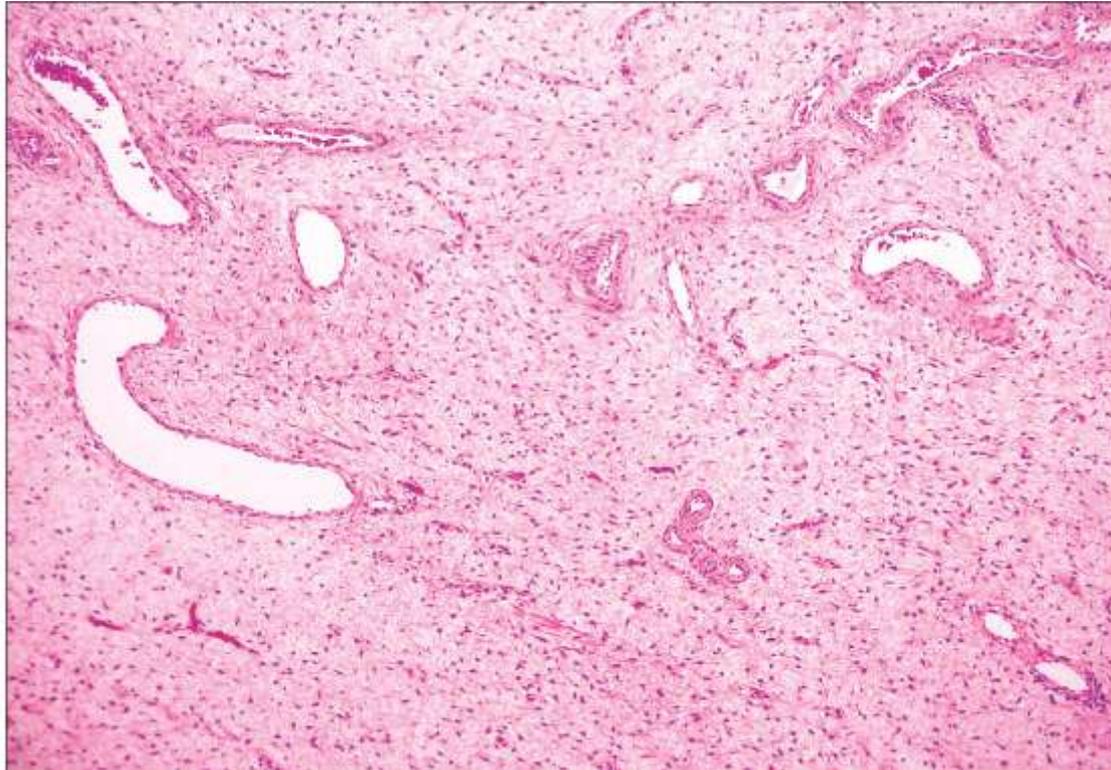


Leiomyoma

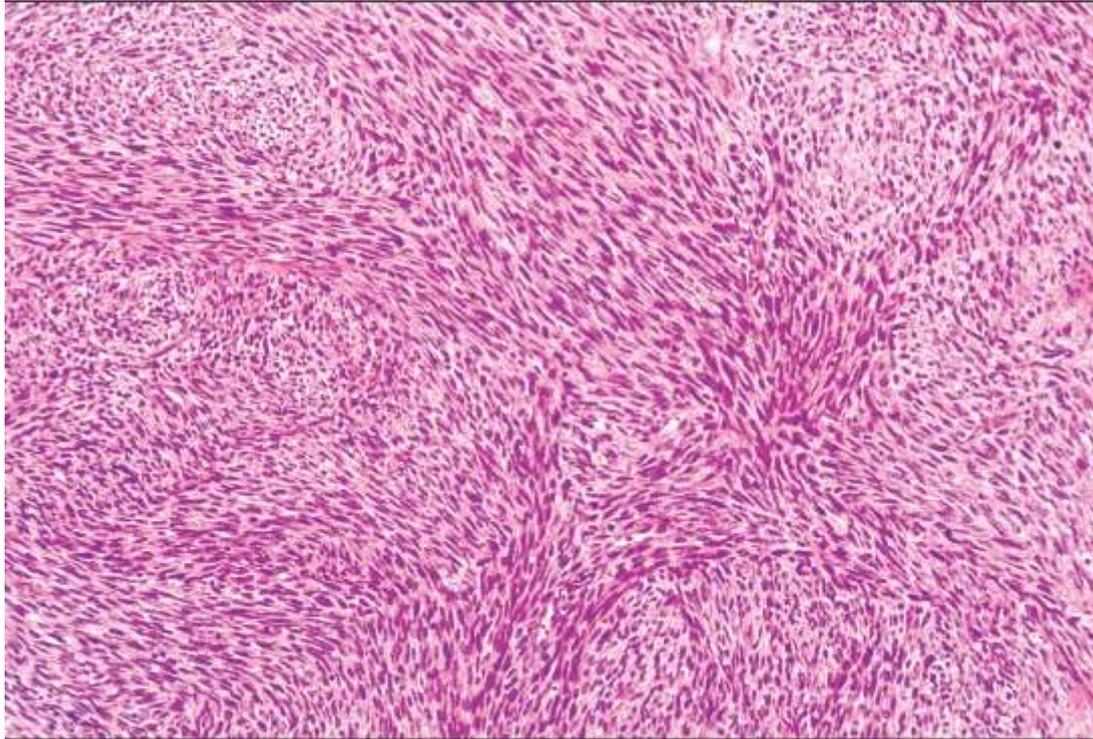




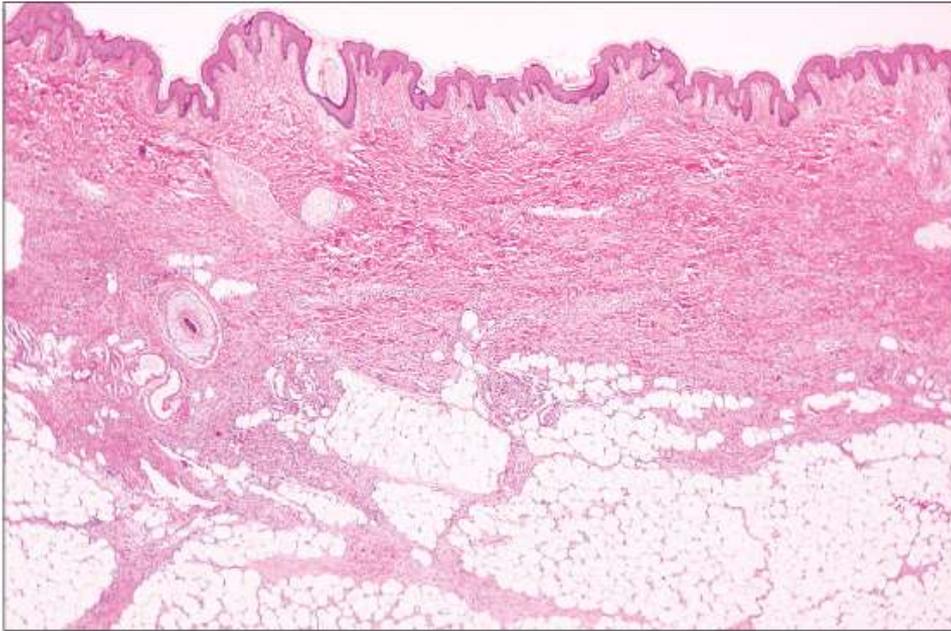
Leiomyosarcoma



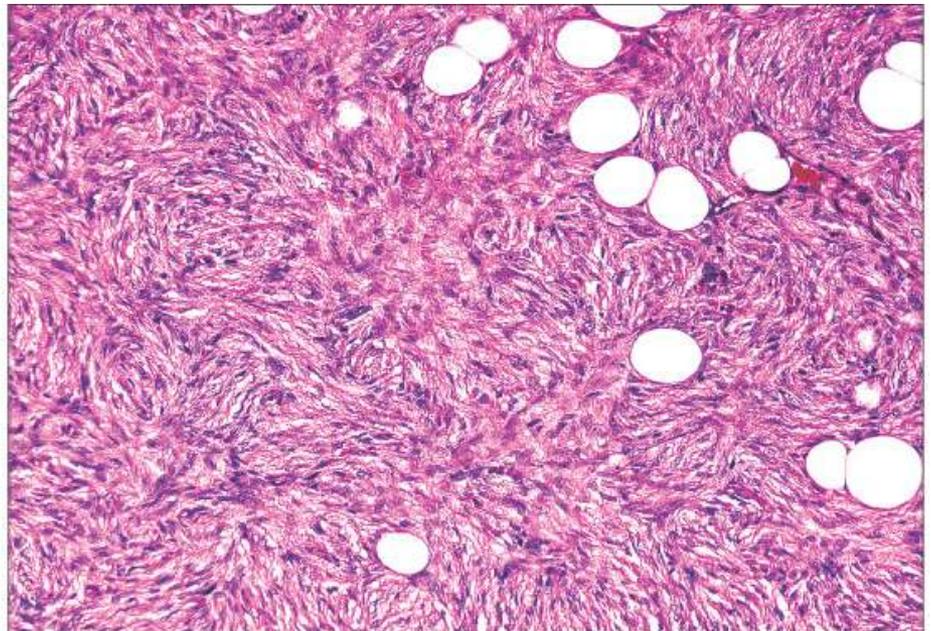
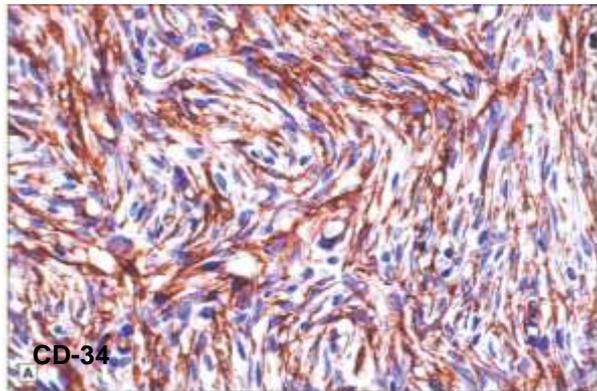
Angiomyxoma



Fibrosarcoma



**Dermatofibrosarcoma
protuberans**



Tratamiento

- **Extirpación quirúrgica:**

- Recidiva: rara
- No metástasis

- **Resolución espontánea:**

- Diagnóstico por PAAF
- 41/46 casos regresión espontánea

Wong NL, Di F. Pseudosarcomatous fasciitis and myositis. Am J Clin Pathol 2009; 132: 857-865



Delta del Ebro