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Abstract	<p>Introduction: Dermatofibrosarcoma Protuberans (DFSP) is a rare skin sarcoma with an incidence of 0.3-0.5 per 100,000 per year that is locally aggressive and prone to local recurrence. DFSP presents similarly to many other conditions, with a wide differential diagnosis, requiring the use of immunohistochemistry. DFSP is strongly positive for CD34 and negative for S100 and Factor 8A. DFSP displays asymmetrical and poorly defined growth leading to a rate of recurrence as high as 20-50% even after wide surgical excision. The most significant factor affecting patient outcome is extent of the surgical resection, with wide margins being standard of care.</p> <p>Presentation: A 52 y.o. female presented to the clinic as a referral from the emergency department for a bleeding exophytic left breast mass. This mass originally appeared 9-10 years ago as a small nontender knot. It slowly enlarged and at 4 months prior to her ED visit had become protuberant and ulcerated with associated bleeding. On physical exam, she had a round exophytic, dark pink left breast mass at the 9 o'clock position approximately 5 cm from the nipple. No active bleeding, skin necrosis or ulceration was noted during the exam. The breast tissue around the mass was soft with no fluctuance, induration, or skin dimpling. The remainder of the breast exam was unremarkable and no adenopathy was present. The initial differential was dermatofibroma versus malignancy, with the knowledge that the mass would be excised in any case. Punch biopsies of the lesion were performed. Pathology and immunohistochemical staining showed spindle cell proliferation and CD34 positivity.</p> <p>Final Diagnosis: Dermatofibrosarcoma Protuberans</p> <p>Management: Patient underwent wide surgical excision of the mass with 2 cm margins that were negative on post-op pathology. At one month follow-up, her wound was healing well, and she was referred to Medical and Radiation Oncology for evaluation.</p>
Learning Objectives	<p>Learning Objectives: To demonstrate that both morphologic evaluation and immunohistochemical staining for CD34 are necessary to help differentiate a malignant tumor from a benign growth and ensure the correct diagnosis of this rare disease. To promote awareness of this rare skin tumor in an effort to decrease both the time to diagnosis and the rate of misdiagnosis so that early and appropriate treatment can be provided.</p>
Disclosures	<p>All authors and coauthors have no relevant financial relationships to disclose. The author does not intend to discuss an off-label/investigative use of a commercial product/device.</p>