Fibrous histiocytoma of the nose in an 8-year-old girl

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DESCRIPTION

A fit and well 8-year-old girl was referred to a tertiary paediatric centre due to a slow growing swelling around the nasal dorsum. Examination revealed no skin changes or pits and she reported no associated nasal symptoms. At her local district general hospital, a differential diagnosis of a possible nasal dermoid was made, however, a subsequently organised MRI scan suggested an extra nasal glioma. She had a biopsy of the lesion at the tertiary centre which was in keeping with non-langerhans histiocytosis. After a multidisciplinary discussion and CT imaging (figure 1) to aid surgical planning, the patient proceeded for excision of the non-malignant tumour via a Lynch Howarth incision. The final histology concluded a benign fibrous histiocytoma (BFH) (figure 2).

BFH is known to occur in the skin and deep soft tissues of the extremities and retroperitoneum.¹ Most frequently BFH is found in sun exposed areas of the skin or can be associated with areas of trauma or recurrent infections.² Involvement of the nose is rare; less than five cases have been found in children, all symptomatic.¹⁻⁴ Our patient was asymptomatic, only presenting due to a nasal swelling. BFH is usually a painless and slow growing mass with symptoms secondary to the invasion of anatomy around it. Differential diagnoses for a child with a nasal swelling include nasal dermoid, glioma or meningoencephalocele. CT or MRI is warranted to delineate the anatomy but also intracranial connections. Management involves biopsy for definitive diagnosis and surgical

Figure 2 H&E stained section (×10 magnification) showing spindled cells admixed with Touton-like giant cells and foamy macrophages.

excision in a tertiary paediatric hospital, with good long-term prognosis. There is also a role for chemotherapy.⁵ We opted for surgical excision. The patient's mother was made aware that if local recurrence were to occur then along with surgical management, chemotherapy would be reconsidered.

Learning points

- ▶ Fibrous histiocytoma should be added to this list of differentials for slow growing head and neck masses in children.
- ▶ CT and MRI are commonly done to aid surgical planning and further characterise the lesion for diagnosis.
- ▶ Management of malignant fibrous histiocytoma can include radiotherapy, chemotherapy and surgery, however, the mainstay of management for benign fibrous histiocytoma is surgical excision.

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Figure 1 CT showing a nasal lesion centred on the superior nasal dorsum, slightly right eccentric. It is causing partial erosion of adjacent nasal bones, nasal septum and right frontal sinus.

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