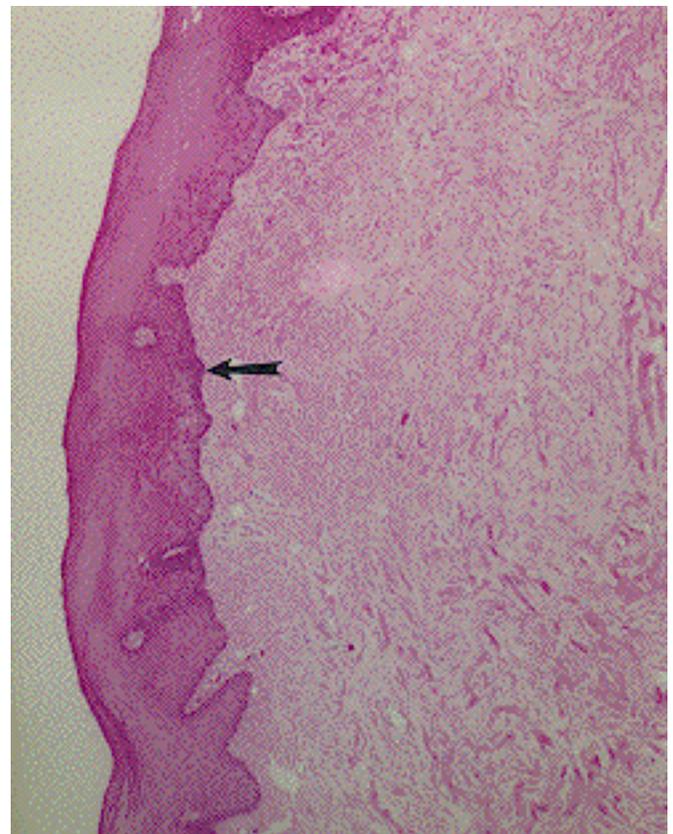


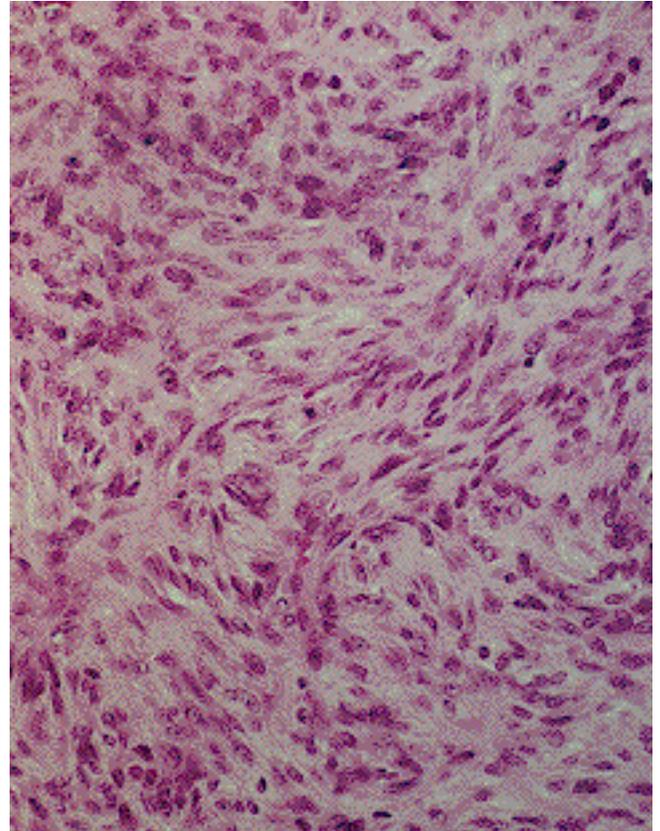
FIBROMAS

1. Irritation fibroma 2. Dermatofibroma (fibrous histiocytoma)

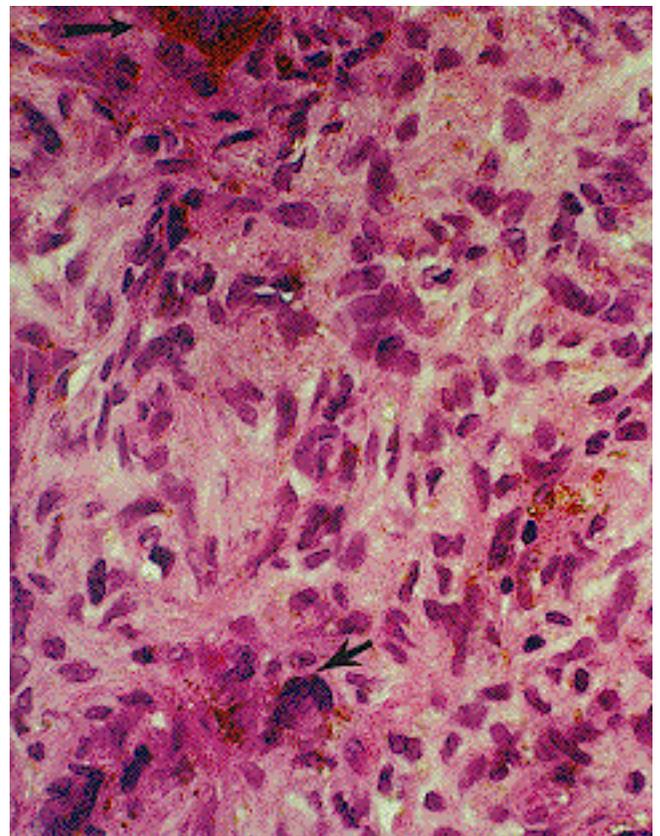
Irritation fibroma, buccal mucosa. Irritation fibroma occurs as a nodular mass most commonly in the buccal mucosa along the bite line. It is asymptomatic unless ulceration occurs. An average size would be about 1.5 cm. Microscopically, there is fibrous connective tissue under stratified squamous epithelium. This connective tissue, usually dense and looking like collagen, gradually merges with surrounding tissues. Rete pegs (arrow) of the overlying epidermis are apt to be flattened by the underlying mass. Hyperkeratosis of the surface is common and there may be ulceration.

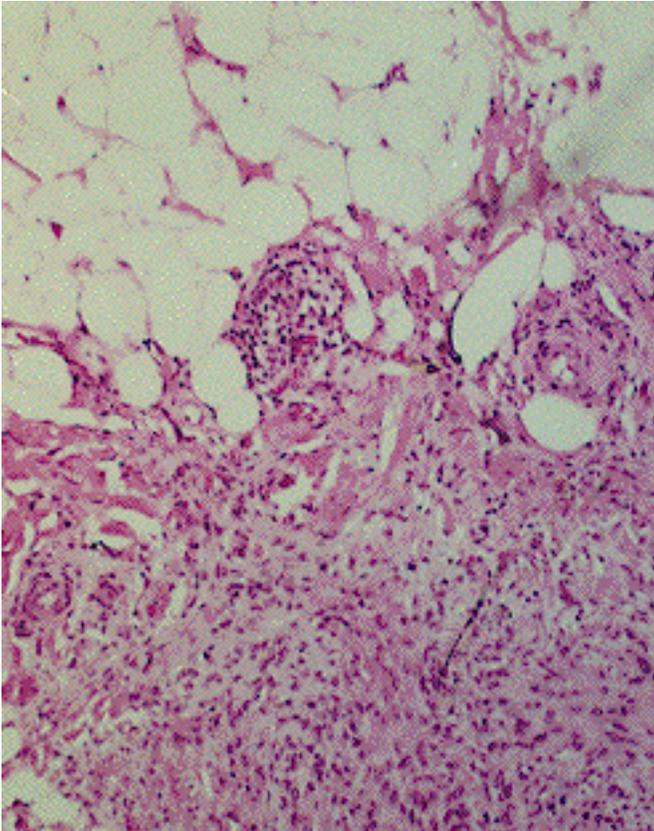


Dermatofibroma, ear. Storiform (basketweave) appearance with plump curved or spindle-shaped fibroblasts with mostly vesicular nuclei. Some nuclei in other specimens are stellate. Pleomorphism is absent.



Dermatofibroma, ear. Giant cells and hemosiderin (arrows).





Dermatofibroma, ear, shows margin of tumor blending into adjacent fatty tissue of subdermis, but the lesion is benign.

CLINICAL ASPECTS

Unless symptomatic, or because the patient is worried about the lesion, irritation fibromas need not be treated. If surgery is needed, simple excision is adequate. Local excision is the treatment for dermatofibroma, which is most common on skin of the extremities but also may occur as an oral lesion, usually nodular and painless. While appearing demarcated grossly, microscopically the tumor tends to blend into the surrounding tissue, but is benign.