An Unusual Mole: An Adult Case of Dabska Tumour

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ABSTRACT

In 1969 Dabska and her colleagues described for the first time this rare malignant tumour, also later known as a malignant endovascular papillary angioendothelioma of childhood. Overall, depending amongst other factors on its location, it is thought to have a generally favourable prognosis and a wide local excision seems to be the treatment of choice. We here present a very rare and unusual case of a 63 year old woman with a 20 year history of slow-growing right buccal dermatological lesion which resembled a common mole. The histopathological diagnosis of Dabska Tumour was made following the hematoxylin and eosin (H&E) biopsy. The analysis revealed multiple delicate interconnecting vascular channels with papillary plugs, some of which containing hyalinized core, projecting into the lumen lined by atypical plumped endothelial cells.

Key words: Dabska Tumour, angiosarcoma, histopathology

Introduction

The Dabska Tumour (DT) is a very rare low-grade angiosarcoma with a generally favourable prognosis for which a wide local excision seems to be the treatment of choice1. It is also known as a malignant endovascular papillary angioendothelioma of childhood and at low power microscopy there is a resemblance to a cavernous lymphangioma1. Since its first description in 1969 by Dabska et al. only about 30, predominantly paediatric, cases have been described1–6. Recently, a paediatric occurrence within a congenital lymphangioma circumscription was also reported2. The tumour does not appear to have any particular predilection site and has been described in various corporal skin locations, subcutaneous tissue, but equally in deeper locations (e.g. brain, tongue, bone, spleen, testes)3–6. We here present an exceptionally rare case of an adult occurrence of facial DT.

Case Report

A 63 year old woman presented with a 20 year history of slow-growing, small, right buccal dermatological lesion, which she thought was the common mole. On visual inspection, the lesion had an unusual bluish black discoloration. According to the patient, she never suffered from any accompanying problems with this lesion (e.g. itching, bleeding) and only asked for the removal for cosmetic reasons. She was otherwise physically healthy, with no enlargement of local (or other) lymph nodes. There was no salient family or personal history. Following the discussion, in agreement with the patient, a wide local excision of 1.7x1x0.4 cm was performed and pathological examination done. Despite such a long history, the intradermal nodule was only 0.6 cm in maximum diameter (overall 0.5x0.6x0.1 cm in size). The analysis of formalin-fixed-paraffin-embedded (FFPE) and hematoxylin and eosin (H&E) stained biopsy revealed a tumour tissue beneath a normal looking epidermis. It was comprised of multiple delicate interconnecting vascular channels with papillary plugs which projected into the lumen lined by atypical plumped endothelial cells. Some of those plugs contained hyalinized core (Figures 1a–d). The distinct borders consisting of normal tissue with no further presence of tumour were present and the excision was deemed definitive. The histopathological diagnosis of DT was confirmed.
REFERENCES


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DABSKA TUMOR U ODRASLE OSOBE: JEDAN NEOBIČAN MADEŽ

SAŽETAK


Discussion

DT is still considered controversial by some clinicians. However, due to a growing number of cases described in the literature, the accumulating knowledge of which we hope to add to with the case presented here, the consensus is being reached about the uniqueness and distinctiveness of this disorder. DT usually comes to medical attention when significantly bigger in size (approximately 2–3 cm in diameter) than was the case in our patient. It is reported to fluctuate in size and is commonly associated with degeneration of an underlying vascular tumour. In the adult case of facial DT that we report, despite a strikingly long history of growth (two decades), a careful and thorough examination and accompanying investigations revealed no metastases. The patient continues to be followed in the ENT outpatient clinic, with no recurrence of the lesion present in six months post-excision.

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