RECOGNIZING ANGIOMATOID FIBROUS HISTIOCYTOMA

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Introduction: Angiomatoid fibrous histiocytoma (AFH) is a rare soft tissue tumor of uncertain differentiation with low malignant potential, typically occurring in the extremities of children and young adults. Clinically and radiographically the lesion is easily confused with a hematoma, soft tissue hemangioma, or malignant fibrous histiocytoma. Because of its rarity and nonspecific radiological and diverse pathological findings, AFH is often clinically misdiagnosed initially. Here, we present a case of AFH in a young female.

Discussion: A 20 year-old female was referred to us for a large upper back and neck soft tissue tumor. The tumor was painless but as it grew bigger up to 20cm x 10cm x 5cm, she complained of discomfort, neck pain and dysphagia. She had a 10kg weight loss within a year and she was pale and cachexic. The tumor was biopsied twice by a general surgeon in a district hospital prior to the referral and both HPE results was inconclusive; suggestive of mesenchymal tumor. Her CECT scan showed large multilobulated soft tissue mass at posterior right upper thorax with involvement of left trapezius and left erector spinae muscle while her MRI showed complex cystic mass with haemorrhage and fluid levels with malignant natures, suspicious of soft tissue sarcoma. We repeated the biopsy and reinvestigated the histology of the tumor using immunohistochemistry. After confirming diagnosis of the tumor as an AFH, we did a wide local excision of the tumor, with latissimus dorsi flap as a coverage.

Conclusion: AFH is a rare tumor that is difficult to diagnose. Therefore, it tends to be misdiagnosed and to be treated inadequately by referring physicians. Surgeons must therefore be mindful of the presence of AFH, learn about appropriate treatment necessary for this tumor, and conduct careful follow-up because AFH can engender poor outcomes due to it's potential for local recurrence and metastasis.