

Atypical fibroxanthoma and malignant fibrous histiocytoma.

Study of the International Dermoscopy Society (IDS)

[www.dermoscopy-ids.org](http://www.dermoscopy-ids.org)

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**BACKGROUND:** Atypical fibroxanthoma (AFX) and malignant fibrous histiocytoma (MFH) are tumours of the fibrous tissue. They share similar histopathological characteristics, but they differ significantly in their prognosis. AFX, despite its tendency to recur after incomplete excision, has excellent prognosis, whereas MFH possesses a considerable metastatic potential.

AFX clinically manifests as a rapidly enlarging, reddish, dome-shaped nodule, often with an eroded or crusted surface, occurring mainly on the sun-exposed areas of elderly individuals and clinically simulating other benign and malignant neoplasms including melanoma, BCC, SCC and dermatofibrosarcoma protuberans. MFH develops as an enlarging subcutaneous nodule that may acquire significant size and ulcerate.

Up to now, only few cases have been dermoscopically described. The main dermoscopic features of AFX were reddish and whitish areas in combination with a polymorphous vascular pattern consisting of various combinations of linear, dotted, hairpin and highly tortuous vessel irregularly distributed over the surface of the lesion. Dermoscopy of MFH reveals a polymorphous vascular pattern comprising dotted, short, fine linear and thick irregular linear vessels, in combination with ulceration and haemorrhage.

**AIM:** To evaluate dermoscopic features of AFX and MFH, to validate the previously reported criteria.

**METHODOLOGY:**

An International multicenter retrospective study of clinical and dermoscopic features of histologically proven AFX and MFH.

**DATA COLLECTION:**

Please provide:

- Clinical and dermoscopic high-quality images;
- At least two histologic slides/images;
- Patient information including: age, sex, location, type of treatment, treatment response (including recurrence or persistence), years of follow up, outcome.

Data collection will be closed in March 2015.

## MANUSCRIPT FOR PUBLICATION

Everyone who sends complete cases will be named in a possible manuscript; if the number of participating colleagues is too high for the journal, the maximum of colleagues according to the number of included cases will be named and the remaining colleagues will be included into the "Group of IDS study Collection" which refers to the list of all participating colleagues into the manuscript.

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