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CASE REPORT

Giant Acquired Fibrokeratoma of the Big Toe: A Case Report

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Introduction

Acquired digital fibrokeratoma is a rare benign fibrous tumour [1] that usually occurs in middle-aged men as a solitary, small lesion located on the extremities. Here we report a case of giant acral fibrokeratoma.

Case Report

The patient is a 21-year-old Moroccan, without any notable pathological history. He consulted for a painless swelling of the lateral border of the left big toe, evolving for 2 years. Examination revealed a polypoid and polylobed mass, flesh-coloured, measuring 3 cm in long axis, of elastic consistency, mobile in relation to the

deep plane (Figure 1). Histological examination showed epidermal acanthosis and hyperkeratosis, associated with dermal fibrosis, confirming an acquired acral fibrokeratoma (Figure 2). A total excision was performed with directed healing by stitches. The evolution was marked by a complete re-epithelialization after six weeks (Figure 3), without recurrence at 13 months.

Discussion

Acquired digital fibrokeratoma (ADF) is a benign conjunctival tumour of unknown etiology. In view of the acral topography, a traumatic origin has been invoked [2]. This acquired tumour mainly affects adults between 30 and 60 years of age [3] with a slight predominance



Figure 1: Fibrokeratoma of the lateral border of the left big toe.



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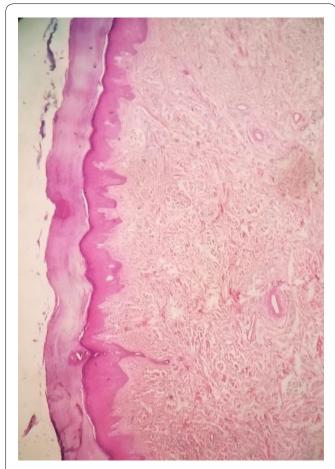


Figure 2: Anatomopathological image of aquise fibrokeratoma.



Figure 3: A complete re-epithelialization after a total excision.

in men [4], and is most often unique. The most common locations of these tumours are the fingers and toes [5]. these lesions can also be seen on the palm or sole, knee or ankle, the reason why Verallo, et al. suggested to call this entity acral fibrokeratoma [6]. Typically, the size of ADF is relatively small, less than 1 cm. While some cases in the literature report giant acquired digital fibrokeratomas of 2-4 cm [5,7-11], located on the toes or heel. Histologically, it is a fibro-epithelial tumour,

consisting of epidermal acanthosis and hyperkeratosis and dermal fibrosis. The evolution is chronic, without spontaneous regression [12] and surgical removal remains the treatment of choice.

Conclusion

The giant form of acquired digital fibrokeratoma is a special presentation, hence the importance of knowing about it in order to evoke this diagnosis in routine practice.

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