Dermatology Practical & Conceptual

Multicentric Granular Cell Tumor With Uncommon Dermoscopic Features

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Case Presentation

A 38-year-old male presented with painless nodules on both arms, with two years of evolution. Physical examination revealed on posterior surface of the left arm a 3 cm hard erythematous adherent nodule, with an ulcerated center (Figure 1A). Additionally, on the right arm, a 4 cm hard subcutaneous plaque, with a 1.5 cm erythematous-violaceous nodule in its lower portion was found (Figure B). Dermoscopy of the left lesion showed central ulceration, serpentine and comma-shaped vessels, shiny white structures, and a yellow-brownish background (Figure 1C). Incisional biopsy revealed an infiltrative tumor, with abundant eosinophilic granules, pustulo-ovoid bodies of Milian and S100 and NSE staining, compatible with granular cell tumor (GCT). Excision of both lesions confirmed the diagnosis of multicentric GCT without atypia.

Teaching Point

GCT is a rare tumor originating in Schwann cells, typically presenting as an erythematous brownish or yellowish hard nodule with a smooth, verrucous, or ulcerated surface [1]. Although mostly benign, it is often infiltrative, and malignancy occurs in 1%–3% of cases' [2]. The multicentric nature is described in 4%–30% of cases [1]. There are few dermoscopic reports of GCT in the literature. A yellowish color, peripherical brown reticular lines, and small white circles have been described [2]. However, central ulceration, serpentine and comma-shaped vessels, and shiny white structures,

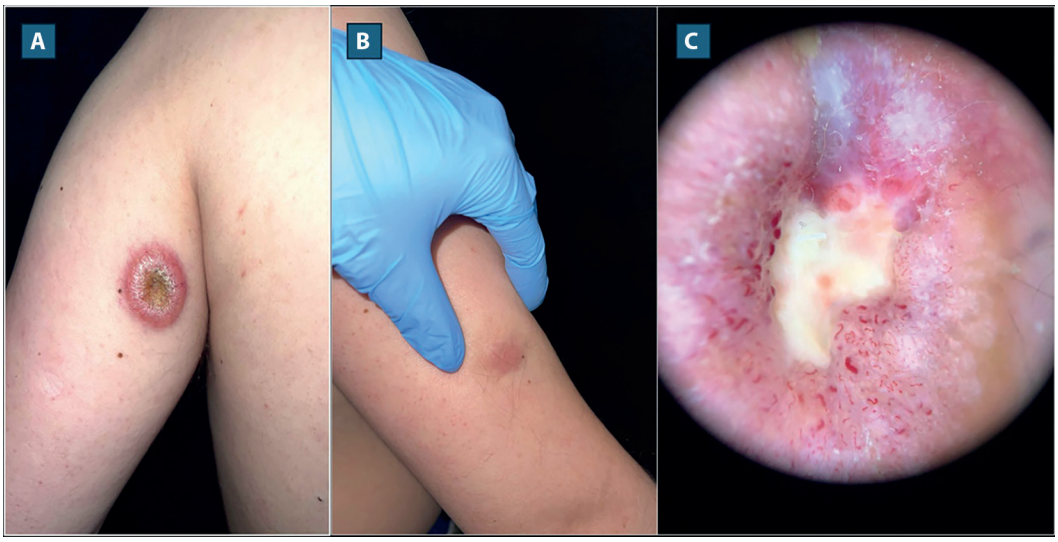

Figure 1. (A, B) Multicentric granular cell tumor (clinical image). (C) Dermoscopic image of the left lesion showing central ulceration, serpentine and comma-shaped vessels, shiny white structures, and a yellow-brownish background.

observed in our case, are uncommon findings. Surgical excision is recommended, but positive margins and recurrence can occur [1].

Clinical diagnosis of GCT is challenging due to its rarity and the broad differential diagnosis, which includes both neoplastic and infectious diseases. Dermoscopy can be valuable, and new findings, as described here, may help improve diagnostic accuracy.

References

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