



Case Report

Primary Benign Fibrous Histiocytoma of the Tail of the Pancreas: Incidental Finding During Clinical Follow-Up of a Patient with Invasive Breast Carcinoma

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Case Report

A 78-year-old female patient sought medical attention with the complaint of weight loss over the previous five months and postprandial abdominal discomfort/distension over the previous four months. On physical examination, she was thin (current weight 40.0 kg, height 1.62 m) and in fair general condition, with moist and pale mucous membranes and stable vital signs. Previous history included bronchial asthma, currently treated with salbutamol, salmeterol, and fluticasone; lactose intolerance; and invasive carcinoma of no special type diagnosed 10 years ago and classified as histological grade 2 (Nottingham grading) and pT2N0M0 stage, treated by left mastectomy and axillary lymphadenectomy combined with adjuvant trastuzumab (12 months), hormone therapy (letrozole for 6 years), and radiotherapy. Moderate anemia (hemoglobin = 9.0 g/dL) was observed at

the time of hospitalization. Computed tomography/magnetic resonance imaging revealed the presence of a tumor lesion at the pancreatic tail, measuring 3.0 cm in the largest diameter. The patient underwent distal pancreatectomy. Anatomopathological examination of the lesion revealed a mesenchymal neoplasm of spindle/epithelioid cells with mild atypia, fascicular/storiform architectural pattern, and low mitotic index, without evidence of necrosis. The lesion showed marked immunopositivity for CD68 and vimentin and immunonegativity for CD34, smooth muscle actin, S100, SOX10, CKM, EMA, IMP3, and MUC1. All histopathological findings were compatible with benign fibrous histiocytoma of the pancreas.

Keywords: Fibrous Histiocytoma; Mesenchymal Neoplasm; Pancreas; Pathology; Prognosis

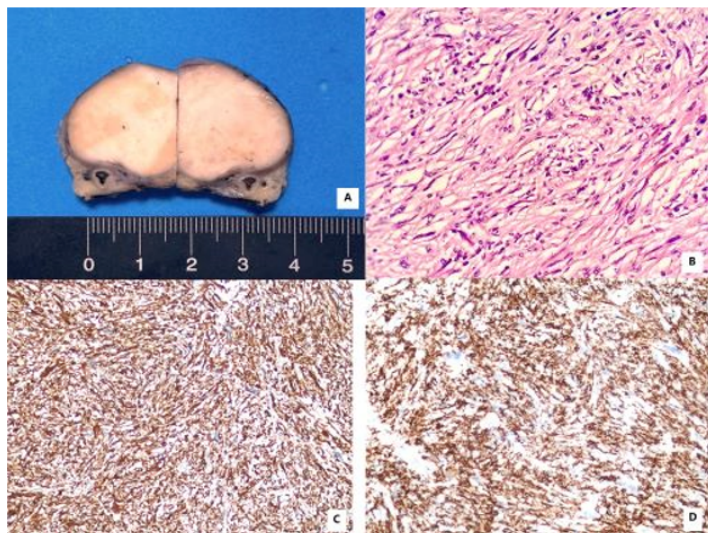


Figure 1: Benign fibrous histiocytoma of the pancreas. (a) Macroscopic examination revealed an ovoid, white, circumscribed, and firm tumor lesion affecting the pancreatic parenchyma. (b) Spindle cell mesenchymal neoplasm showing epithelioid cells with mild atypia and somewhat collagenized stroma, hematoxylin–eosin, 400×. (c) Strong and diffuse immunopositivity for vimentin, 200×. (d) Strong and diffuse immunopositivity for CD68, 200×.

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