Clinician Reviews®

Are These Lesions Getting Out of Hand?

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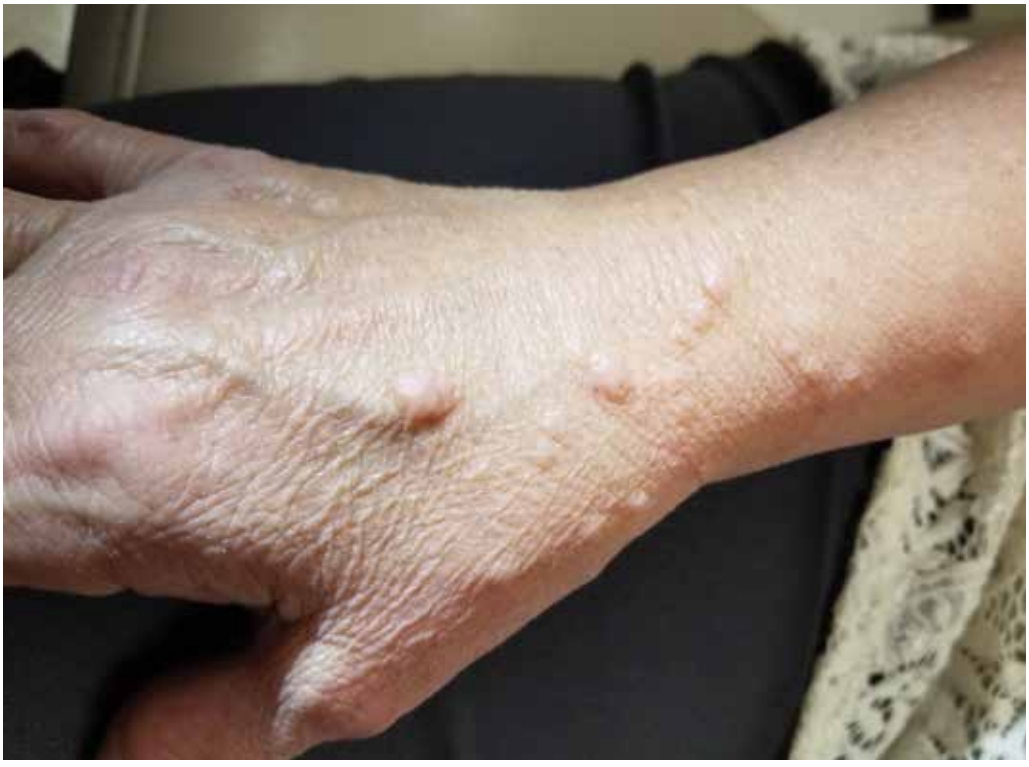

For the past 40 years, a 60-year-old woman in otherwise decent health has had lesions on the dorsum of her right hand. They didn't worry her until recently, when a relative suggested they might be "cancerous" and she should "have them checked out." Her primary care provider repeatedly assured her that the lesions are benign, but her fears weren't allayed and she is referred to dermatology.

Aside from mild hypertension, there is little else to report. She has received regular eye examinations for at least 20 years. Her family history is free of any hereditary conditions, although heart disease is all too common. There is no personal or family history of cancer.

Examination reveals about 6 lesions on the dorsum of her right hand. They are 3 to 7 mm, skin-colored, highly compressible, roughly round, and nontender to touch. No other lesions can be found.

Because of the patient's concern that the lesions are cancerous, one is very easily shaved off flush with the skin. The sample is submitted to pathology; the report indicates a benign tumor composed of non-myelinating Schwann cells intermixed with neural axons.

The most likely diagnosis is

a) Neurofibromatosis type I
b) Neurofibromatosis type II
c) Giant cell tumors
d) Simple neurofibroma

ANSWER

The correct answer is simple neurofibroma (choice "d").

DISCUSSION

Neurofibromas manifest as solitary tumors or in small numbers and take a variety of

forms, including firm fleshy papules or nodules or soft papules (such as those seen in this patient). They are not associated with neurofibromatosis type I (NFI).

Also known as *von Recklinghausen disease*, NFI is a potentially serious heritable (up to 50% of cases) or spontaneous mutation of Schwann cells derived from nerve sheaths. Depending on its degree of expression, NFI can manifest as multiple large tumors on, in, and under the skin. Some tumors that attain massive size can impact internal structures, such as the spine.

Neurofibromatosis type II (NFII) is exceedingly rare, comprising less than 1% of neurofibroma cases. Patients with NFII can develop several types of neural tumors—some of which can be malignant—including acoustic neuromas and schwannomas.

Fortunately, this patient's lesions were benign. Her simple neurofibromas developed from cutaneous nerve cells but had not progressed. One benefit of the patient's yearly eye exam is that it would have uncovered any Lisch nodules in her irises—a finding highly suggestive of NFI.

The patient was satisfied with the knowledge that her condition is not cancerous. **CR**