**Multiple Dermatofibromas**

**Patient:** A 66-year-old man  
**Duration:** 40 Years  
**Distribution:** Trunk

**History:** Persistent itchy lesions. Diabetic on oral hypoglycemic medication, hyperlipidemic.

**Physical Exam:** Back, scapulae, chest, abdomen, pubic area: linear & annular violaceous/dark brown nontender nodules and plaques.

**Histopathology:** The epidermis exhibits regular hyperplasia and increased basal layer pigmentation. In the dermis, there is a spindle cell proliferation composed of cells with tapered ends, small nuclei and vacuolated cytoplasm-arranged in fascicles and merging with the surrounding connective tissue. Masson trichrome: fibrous tumor. Alcian blue, iron, vimentin stains: positive. Desmin & S100 stains: negative.

**Laboratory:** CBC, platelets, creatinine, LFTs, PSA: normal

**Discussion:**  
Dermatofibroma (DF) commonly occurs as a solitary lesion over lower extremities, more frequently in women than men. Multiple dermatofibromas have been reported in association with systemic diseases mainly immunosuppression, autoimmune diseases, pregnancy, hyperlipidemia, diabetes and kidney disease. It is suggested that DF represents the outcome of an abortive immune response to an unidentified antigenic stimulus such as insect saliva, trauma….leading to an inflammatory proliferation of dermal dendritic cells.

**References:**  