



## Scalp Dermatofibrosarcoma Reconstruction: A Case Report

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### Case Study

The aim of our article is to present our treatment experience on a single case of Dermatofibrosarcoma Protuberans (DFPS) [1] of the forehead with the related result at 10 years follow-up.

In August 2009, an asymptomatic 48-year-old man was admitted to our Clinic of plastic surgery, with a 8 cm × 6.5 cm subcutaneous lesion in the occipital region. The patient had no other comorbidities in the personal history. An eco-color Doppler was performed and confirmed the presence of a richly vascularized lesions. At first, a complete lesions excision was performed, with the overlying skin. The histological examination reported the diagnosis of a dermatofibrosarcoma protuberans. At this point, the patient performed a CT scan with contrast enhancement of the head, which denied the presence of bone lesions. The patient performed an MRI with contrast enhancement that identified two enhanced subcutaneous nodules (3 mm and 15 mm) in the right occipital site and 2 enhanced nodules, 1 cm and 2 cm, in the left occipital region. The patient came back to the theater for a second demolition surgery; a wide occipital excision (18.5 cm × 12 cm × 1.4 cm) including also the periosteum and a skull milling were performed. The histology samples were sent for fresh frozen histological examination to evaluate the presence of cancer on the resection margins. After negative margins obtained, an additional excision of the skin was performed; at this point, the forehead was covered with a double layer acellular dermal matrix (INTEGRA double layer, Ethicon, Inc., Somerville, N.J.). Definitive histological examination confirmed the presence of the tumor at the level of the nodules previously identified by the MRI. The minimum distance between lesions and resection margins was 3.5 cm [2], therefore we considered the patient free from cancer. Twenty-two days after the last operation, the dermal substitute appeared taken and well vascularized [3]. The silicone layer was then removed and an autologous split-thickness skin graft from the right thigh was harvested to cover the dermal template. The postoperative period was uneventful and the graft completely take [4]. No complications, metastases or signs of recurrence were observed at 10 years follow-up and the patient is satisfied with the aesthetic result (Figure 1) [5].

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Figure 1: Scalp Dermatofibrosarcoma reconstruction.

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