

**P20:109**

Nodular fasciitis: clinical characteristics and natural course

Hwan Seong Cho¹, Hae Bone Park¹, Hyo Jin Park¹

¹ Seoul National University Bundang Hospit, Republic Of Korea

INTRODUCTION

Nodular fasciitis is a benign tumefaction of myofibroblasts. Because of similarity of clinical presentation with sarcoma, it is also called as pseudosarcoma fasciitis and pseudosarcoma fibromatosis. The concern about possibility of a sarcoma leads to surgical excision as a mainstay of treatment.

Therefore, understanding of clinical characteristics and course can prevent a clinician from performing unnecessary procedures including surgical excision or even biopsy for this small and self-limiting lesion.

In this retrospective review, we asked 1) demographic findings 2) clinical characteristics and 3) natural course of nodular fasciitis.

METHODS

This study included thirty-one patients who were pathologically confirmed with nodular fasciitis between January 2008 and June 2012. There were 14 males and 17 female patients with mean age of 34.5 years (range, 9-57years). Eleven lesions were located in the forearm, seven in the upper arm, five in the thigh, four in the lower leg, two in the neck area and two in the hand. The mean size of the lesion at the initial visit was 1.5cm (range, 0.5-4.5cm). Seventeen patients had memory of pain on the lesion during the initial presentation. The duration of symptom ranged from 3 days to 1 month.

RESULTS

Nineteen lesions were surgically removed. None of them recurred at the last follow-up. Twelve patients were periodically followed-up after confirmation of nodular fasciitis by core needle biopsy. Ten of the 12 lesions were spontaneously resolved. The time interval between diagnosis and resolution ranged from 1 month to 7 months. In the other two, the lesions were involuting but still remained until 8 and 9 months follow-up.

CONCLUSIONS

Characteristic clinical findings are important to confirm the diagnosis of nodular fasciitis. Most of nodular fasciitis spontaneously resolved. After ruling out a sarcoma by clinical suspicion or core needle biopsy, periodical observation would be recommendable for this self-limiting lesion.

E-mail (main author): mdchs111@snu.ac.kr