

## Sudden-Onset Pain in Fibrous Hamartoma of Infancy in a Child: An Atypical Presentation

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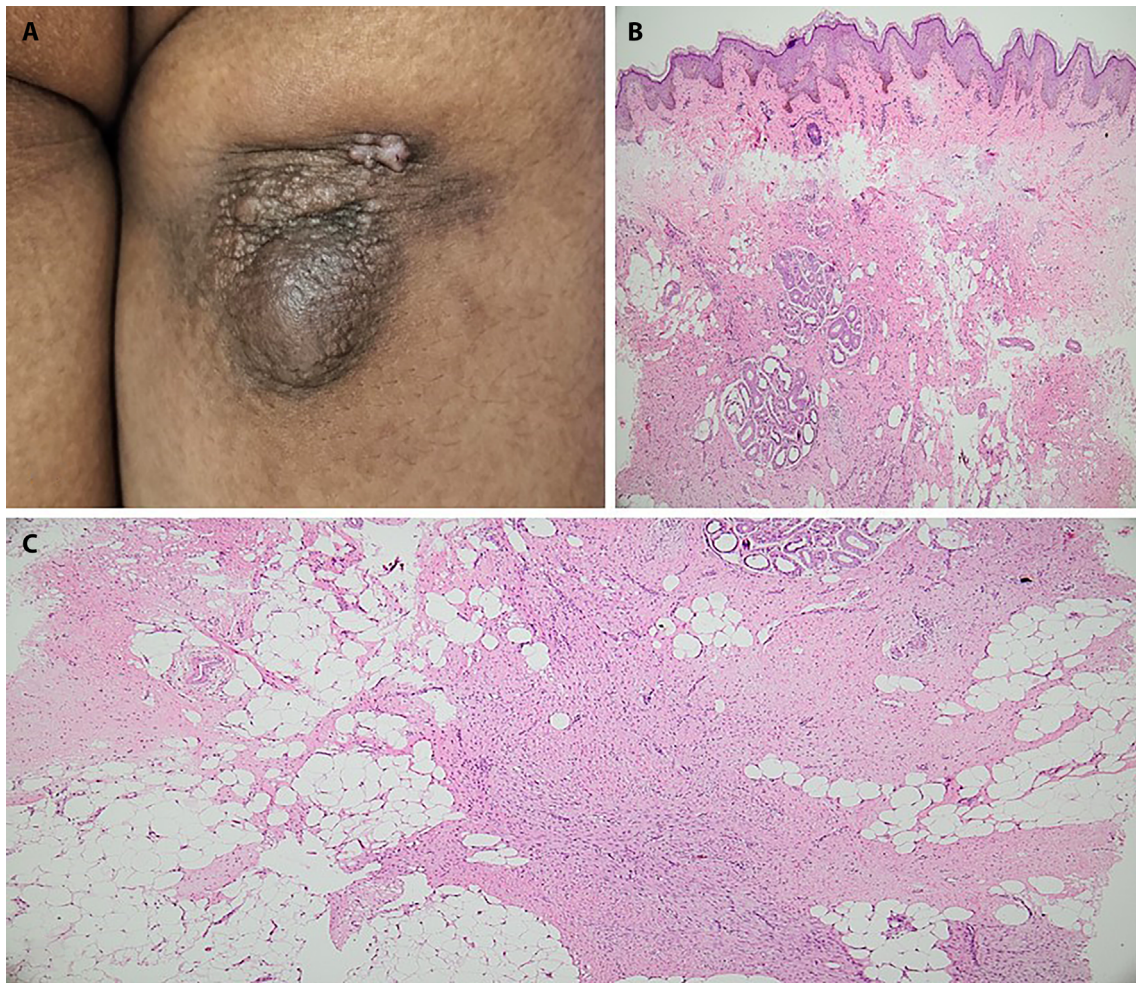
### Case Presentation

A 10-year-old male child presented with a slowly progressive plaque on his right posterior thigh that had been increasing in size over the last 9 years, and which turned painful in the last 2 weeks. On examination, an ill-defined plaque measuring 4 cm x3 cm with a hyper-pigmented, nodular surface was observed (Figure 1A). The lesion was firm, adherent to underlying structures, associated with tenderness and a local rise in temperature. Biopsy revealed follicular plugging, low papillomatosis, mild perivascular chronic infiltrate, and thick benign interlacing fibrous bands with muscle bundles extending into the adipose tissue in the lower dermis and subcutis (Figure 1, B and C). MRI revealed diffuse soft tissue swelling in the thigh. A diagnosis of fibrous hamartoma of infancy (FHI) was made. The child underwent complete excision of

the mass followed by split skin graft closure and is now under regular follow-up with no recurrence since last 6 months.

### Teaching Point

FHI is a rare fibroproliferative lesion usually occurring within first two years of life with higher predilection in males [1]. FHI presents as a rapidly growing, firm mass of the subcutis in the axilla, shoulder, upper arm, inguinal region, or chest wall [1]. Our patient had the lesion on the posterior thigh. There are only three reported cases of FHI in the thigh [1]. The presentation of our patient was unique, as sudden onset of excruciating pain had not been previously reported. Although histopathology did not reveal the underlying cause of the pain, we hypothesize that nerve entrapment or unnoticed trauma leading to infection could be possible causes. Histopathology



**Figure 1.** (A) Ill-defined plaque measuring 4x3 cm with a hyper-pigmented, nodular surface on right posterior thigh. (B) Photomicrograph shows epidermis with low papillomatosis. Dermis appears sclerosed with mild chronic inflammation (H&E; 40X). (C) Photomicrograph shows deeper part of dermis and subcutis. Thick benign interlacing fibrous bands are seen extending into the subcutis (H&E; 40X).

shows characteristic triphasic pattern of fibro-collagenous tissue, primitive mesenchymal cells, and mature fat [2]. Also, the surface changes in the plaque seen in our patient correlated with the papillomatosis on histopathology. Although FHI can be affixed to underlying tissue, it is usually benign. Very rarely, FHI can present with sarcomatous morphology [2]. Untreated cases, like in our patient, have the potential to continue growing without regression. Local excision is the successful treatment for FHI, with a low incidence of local recurrence.

## References

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