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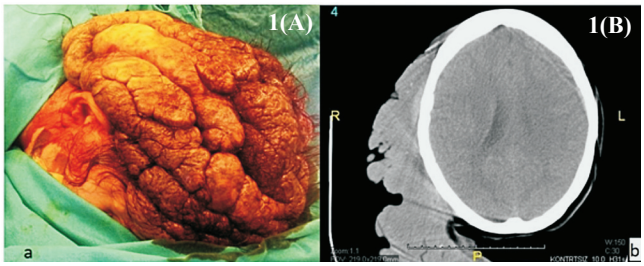
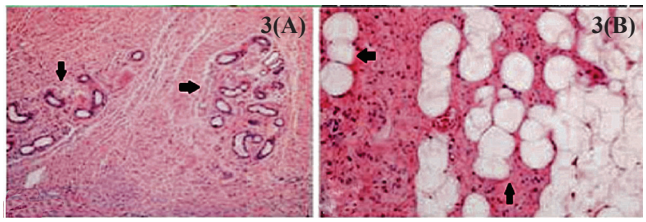
Clinical Images

Huge neurofibroma of the scalp





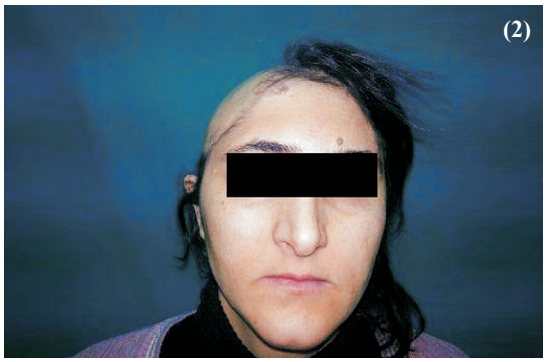


Fig. 1(A). Preoperative image of the scalp mass, **(B)**, preoperative CT image. **Fig. 2.** Postoperative image of patients of six months follow up. **Fig. 3 (A).** Histopathologic overview to show diffuse infiltration of reticular dermis by neurofibroma (H&E, 100X), (Black arrow). **(B)** Neurofibroma cells tend to gradually merge with local adipocytes (H&E, 100X) (Black arrow).

A 40 year old woman was referred to the Plastic Surgery Department out-patient clinic of the Uludag University, School of Medicine, Bursa, Turkey in March 2013 with a big scalp mass, which gradually grew since her childhood. A huge mass was seen on the right parieto-occipital scalp region (Fig. 1A). The tumour was tender on palpation and there was loss of hair on the overlying, hyperpigmented skin. A presumptive diagnosis of cutaneous neurofibroma was considered. Cranial computed tomography scan images confirmed absence of intracranial displacement (Fig. 1B) . The mass was surgically excised using electrocautery to reduce the intraoperative blood loss and the scalp defect was reconstructed with split thickness skin graft (Fig. 2). No major complication occurred during the six month follow up time. Reconstruction with tissue expander was planned for the alopecic area. Histopathological examination showed spindle shaped tumour cells gradually merging with underlying adipocytes confirming the diagnosis of neurofibroma (Fig. 3A and B). Meissner bodies were not seen.

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