INTRODUCTION
Elastofibroma dorsi is a rarely encountered benign soft tissue tumor. It is non-encapsulated, slow growing, and classically located in the infrascapular region. Due to its characteristic location, the tumor has been named elastofibroma dorsi. Although rare, the tumor can also develop in other parts of the body such as in the lateral chest wall, the axilla, the inguinal region, the stomach and the rectum, and in this case is referred to as elastofibroma\(^1,2\).

In this study, we present a rare case of a 52 years old female patient with bilateral elastofibroma dorsi treated with surgery.

CASE
A fifty two years old female presented to our clinic with the complaints of swelling and pain in the lower end of her left scapula. She had been surgically treated for a swelling in her right scapula, which had been diagnosed as fibroelastoma one year ago in another medical center. In her anamnesis, she stated that in the period of past surgery, the lesion in the lower end of her left scapula had been determined by computed tomography (CT), but it was small and non-palpable. On her physical examination, a hard and fixed lesion was palpated in the lower end of her left scapula. Her thorax CT showed a mass lesion of 5x6 cm size, which was located on, but not invading the ribs with margins not clearly discerned (Fig. 1).

ÖZET

Anahtar Kelimeler: Elastofibroma, göğüs duvari, benign tümör

SUMMARY
A fifty two years old female presented to the clinic presenting with a mass in the lower end of her left scapula. The mass proved to be elastofibroma dorsi and was excised. Due to its rarity, the pathology of elastofibroma dorsi has been presented with this case.

Keywords: Elastofibroma, chest wall, benign tumor
The pre-diagnosis was elastofibroma dorsi, and the lesion, a mass of 8x6x1.5 cm, was surgically removed (Fig. 2). The histopathological examination result of the removed lesion was reported as “elastofibroma”. The case was controlled in the outpatient clinic in the 1st postoperative month, and upon no pathology having been found, follow-ups were planned.

**Figure 1. Elastofibroma on the thorax computer tomography**
Elastofibroma Dorsi

**DISCUSSION**

Elastofibroma dorsi is one of the rare benign tumors of connective tissue. The tumor was first described by Jarvi and Saxen in 1961. The tumor is more prevalent in females aged over 50. Brandser et al. reported the tumor prevalence as 2% in individuals aged over 60, and as 24% in female autopsies and as 11% in male autopsies. Our case was a 52 years old female patient who had elastofibroma removed from under her right scapula one year ago and had the same kind of tumor removed from under the left scapula in our clinic.

There have been different opinions on the pathogenesis of elastofibroma. The first was the role of recurrent minor traumas due to friction of the lower end of scapula to the thoracic wall. Other views on the pathogenesis were reactive fibromatosis, degeneration due to vascular insufficiency, enzyme defects, and systemic involvement. In their study on elastofibroma cases, McComb et al. found an increase in genetic instability in chromosome number 1 and translocation in chromosomes 8-12 and thereafter stated that the lesion could be of neoplastic origin with genetic predisposition.

Elastofibroma dorsi is unilateral in 90% and synchronously or asynchronously bilateral in 10% of the cases. Our case had asynchronously developed bilateral elastofibroma dorsi. The lesions are swellings that generally grow slowly, are asymptomatic, and push the scapula outwards. Shoulder movements may lead to increased pain and tension; shoulder movements may also be limited. During shoulder movements, a sound is heard as the scapula slides over the tumor mass.

In our case, there was a fixed and painless swelling on the left scapula, and shoulder movements yielded a rattling noise.

Direct radiography, ultrasonography, CT, and magnetic resonance imaging (MRI) are used for the diagnosis. On direct radiographic examination, elevation of the scapula can be seen as a secondary finding. Ultrasonography shows the characteristic multilayered pattern of a hypoechoic linear areas. On the CT examination, the tumor mass typically appears as a poorly defined soft-tissue mass with attenuation similar to that of the adjacent skeletal muscle and holds linear low-density areas due to the presence of fat tissue. T1 and T2 weighted MRI scans characteristically demonstrate a soft tissue mass containing straight and curved linear areas of high or medium density.

Elastofibroma dorsi is treated by total excision, but surgical intervention is not recommended for asymptomatic and masses smaller than 5 cm. Recurrence is rare, and malignant transformation has not been reported to date. In our case, total excision of the 8 cm size elastofibroma dorsi was performed, and the excising was performed so as to obtain negative surgical boundaries. No local recurrence was seen on the 3 month follow-up of the patient.

**CONCLUSION**

Elastofibroma dorsi is a rare and benign soft tissue tumor to be considered in patients aged over 50, especially in females, with shoulder and back pain. It is readily diagnosed by imaging techniques and totally cured by marginal surgical therapy.

**KAYNAKLAR**


