Research Open

Journal of Clinical Research and Medicine
Volume 6 Issue 3

Short Commentary

A Short Comment on "1 Case Clinical Report of Cranium Aggressive Fibromatosis and Literature Review"

Jin-Tao Li*

The Institute of Neuroscience, Kunming Medical University, Yunnan Province, China, 650500

Corresponding author: Jin-Tao Li, The Institute of Neuroscience, Kunming Medical University, Yunnan Province, China, 650500

Received: October 10, 2023; **Accepted:** October 12, 2023; **Published:** October 13, 2023

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Aggressive fibromatosis (AF) [1], known as a benign fibrous neoplasm arising from fascia, periosteum and musculoaponeurotic structures of the body, are rarely occurred in the head and neck region and tends to be locally aggressive, with nature to invade and erode skull and soft tissues, making excision much difficult. The presence of vital neurovascular structures in the head and neck makes it even more complicated. Owing to the features above mentioned, it is wise not to compromise on the vital structures considering the benign nature of the disease.

This clinical one case report revealed the clinical characteristics and appropriate therapeutic methods of aggressive fibromatosis (AF) in skull. In the meantime, it recommended the reasonable strategies for prevention and relatively favorable prognosis of AF, especially occurs in skull, which is very rare in neurosurgical clinic.

1. Findings and Significance of the Characteristics in Skull AF from this Work

It was indicated that the main manifestation of skull AF was headache and skull tumor. There was prominent osteolytic destruction found in X-ray plain film for skull AF. And CT scanning showed that skull sclerotin was disorganized and inhomogeneous, with widen diploe. The skull fibromatosis constituted by fibroblasts and myofibroblas, which were mainly spindle-shaped without heteromorphism. Immunohistochemistry showed positive expression of β-catenin and Vim in these cells. The enlarged incision was adopted for the strategy of operation in this patient of skull AF. After follow-up, there was no recurrence of AF discovered.

Taken together, it has been demonstrated from this study that skull AF is very rare in neurosurgical clinic. The clinical manifestation and iconography of AF were lack of specificity. Therefore, skull AF is hard to diagnose preoperatively. The effective diagnose is mainly dependent on histopathologic examination. As for treatment, operation is the most optimal method so far, which has a good therapeutic effect.

This work gave deeper insights into the distinctive elevation of the effects of AF clinical administration in a sooner future. From this case report, it therefore clearly can be seen that skull AF ought to be diagnosed by neuroimaging, such as CT and MRI. As for treatment, complete surgical excision of aggressive fibromatosis has been considered the only effective treatment. Chemotherapy may have a significant role, considering the possible hormonal etiopathogenesis of the condition. Radiotherapy, Other methods, expatiated as follows, are partially effective, already confirmed clinically previously.

2. Current Therapeutic Strategies and Future Prospect of Head and Neck AF

Head and neck fibromatosis is a rare condition with heterogeneity in presentation, proximity to vital structures, and locally aggressive nature. For the AF occurs in the skull, it is much rarer than any locations in the head and neck. These features make its treatment extremely challenging. Because of its rarity, variability in behavior, and the characteristics of these tumors, a standard treatment protocol has not yet been established. Although retrospective in nature, this study sheds new lights insight on various aspects of management of this rare entity. It has inherent limitations as it was retrospective, with a limited number of patients. However, as per our experience, we could conclude that surgery followed by multimodality management offers the best control, if not cure, for fibromatosis of head and neck region, may represent a superior strategy in AF administration clinically until now. Importantly, for differently special cases, unique therapeutic methods would be taken according to different types and locations of AF.

Apart from existing therapeutic strategies [2-4], such as complete surgical excision, chemotherapy post operations and antioestrogen therapy [5], etc., recently, therapies by using [6-8] non-steroidal anti-inflammatory drugs (NSAIDs) and interferon (IFN) α and tyrosine kinase inhibitor Imatinib have come to the fore. Some other novel and more effective treating methods are under studying.

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Citation:

Li JT (2023) A Short Comment on "1 Case Clinical Report of Cranium Aggressive Fibromatosis and Literature Review". *J Clin Res Med* Volume 6(3): 1-2.