

Complete Information on Dermatofibroma with Treatment and Prevention

Dermatofibroma is a common cutaneous nodule of unknown etiology that occurs more often in women. It is also called a histiocytoma.

Dermatofibromas form as a reaction to previous injuries such as insect bites or thorn pricks. They are composed of disordered collagen laid down by fibroblasts. In rare cases, basal cell carcinoma may develop in a dermatofibroma. This multiple variant is seen most frequently in the setting of autoimmune disease or altered immunity, such as systemic lupus erythematosus, HIV infection, or leukemia and may be indicative of worsening immunoreactivity. Dermatofibroma is nothing but the occurrence of nodules on the skin mainly on leg part. Commonly they are in yellow-brown colour, sometimes quite dark. The dermatofibroma usually occurs alone and has no symptoms whatsoever. Sometimes more than one appears. Generally, they are harmless and have no connection to skin cancer.

Dermatofibromas frequently occurs in the woman. Perhaps Dermatofibroma is appears in the various color hard papula, usual brown tans. Although typical dermatofibromas cause little or no discomfort, itching and tenderness can occur. Dermatofibroma can occur in patients of any age, but it usually develops in young adulthood. Dermatofibroma typically arise slowly and most often occur as a solitary nodule on an extremity, particularly the lower leg, but any cutaneous site is possible. Several lesions may be present, but only rarely are multiple tumors found. Dermatofibromas feel like hard lumps under the skin. They're like an iceberg in that there is more under the skin than seen on the surface. Often these start out as red, turning later to brown, and sometimes itch. If the skin over a dermatofibroma is squeezed a dimple forms, indicating tethering of the skin to the underlying fibrous tissue.

No treatment is usually necessary. Simple reassurance that the lesion is benign may be indicated. Dermatofibromas are best ignored. If the diagnosis is uncertain, a piece may be removed for tissue analysis. Most physicians will advocate treatment only if the lesion is in the way of shaving, or is becoming irritated by clothing. Removal can be done surgically with local anesthesia, but, since much of the growth extends beneath the surface of the skin, the scar may be larger and more noticeable than the original tumor. Intralesional steroid injections have been attempted with variable results. Liquid nitrogen freezing destroys only the upper part of the growth. Therefore, the dermatofibroma, after some years, may again become noticeable. Usually any regrowth is slight and can be handled by another freezing. Cryosurgery may also be used to remove a dermatofibroma.

About the Author

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