ATYPICAL FIBROXANTHOMA

What are the aims of this leaflet?

This leaflet has been written to help you understand more about Atypical Fibroxanthomas. It tells you about what they are, what causes them, what can be done about them and where you can find out more about them.

What is Atypical Fibroxanthoma?

An Atypical Fibroxanthoma (AFX) is an uncommon type of skin cancer, accounting for less than 0.2 % of all skin cancers. It occurs mainly on the head or neck of older people, usually after the skin has been damaged by prolonged exposure to sunlight.

What causes Atypical Fibroxanthoma?

There is a strong link between AFX development and damage to the skin from ultraviolet (UV) light, either from the sun or sun beds, especially to the face, head, neck and ears. An AFX may also develop where previous radiotherapy treatment has damaged the skin. AFXs are more common in men than women and usually only develop in individuals with fair skin. They grow more frequently on people in their 70s and 80s.

Is Atypical Fibroxanthoma hereditary?

No.

What are the symptoms of Atypical Fibroxanthoma?

A weeping, or sometimes bleeding growth, or multiple lumps, may grow over a few months on the head or neck area. The lumps may be pink or red in colour. They can be ulcerated or crusted. It is not commonly painful or sore or itchy. Some patients, especially younger patients without the typically history

of sun damage, may develop a form of AFX on areas other than the head and neck.

How is Atypical Fibroxanthoma diagnosed?

Often the exact diagnosis is not clear from the appearance as they may look like other types of skin cancer, such as squamous cell carcinoma. A further investigation is necessary to make the diagnosis by either taking a small area of the abnormal skin (a biopsy) or cutting out all of the lesion (an excision biopsy) and examining the skin under the microscope. A dermatologist or plastic surgeon will usually perform this procedure and local anaesthetic injection will be given beforehand to numb the skin.

Can Atypical Fibroxanthoma be cured?

Yes, AFXs can be cured in most cases, although treatment can be complicated if they have been neglected for a long time, or if they are in an awkward place - such as near the eye, nose or ear. AFX commonly has an excellent outcome. After treatment around 10% of AFXs will re-grow in the same area and require re-treatment.

How can Atypical Fibroxanthoma be treated?

The commonest treatment for AFX is surgery. Usually this involves cutting away the AFX, along with some normal skin around it, using local anaesthetic to numb the skin. Sometimes, a small skin graft may be needed.

Another type of surgery is Mohs micrographic surgery. This involves the excision of the affected skin, which is then examined under the microscope straight away to see if all the AFX has been removed. If any AFX is at the edge of the removed sample, then further skin is excised from that area and examined under the microscope. This process is continued until the AFX is completely removed. The site is then usually covered with a skin graft or flap. Mohs is time consuming and only usually advised for AFXs in difficult areas for surgery.

Self care (What can I do?)

Treatment will be much easier if your AFX is detected early. AFX can vary in their appearance, but it is advisable to see your doctor if you have any marks or scabs on your skin which are:

- Growing
- bleeding and never completely healing

- changing appearance in any way

Check your skin for changes once a month. A friend or family member can help you particularly with checking areas that you cannot easily inspect, such as your back.

Top sun safety tips:

- Protect your skin with clothing, and don't forget to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Spend time in the shade between 11am and 3pm when it's sunny. Step out of the sun before your skin has a chance to redden or burn.
- When choosing a sunscreen look for a high protection SPF (SPF 30 or more) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming and towel-drying.
- Keep babies and young children out of direct sunlight.
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole or patch of skin. If your GP is concerned about your skin, make sure you see a Consultant Dermatologist – an expert in diagnosing skin cancer. Your doctor can refer you for free through the NHS.
- It may be worth taking Vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce Vitamin D levels.

Vitamin D advice

The evidence relating to the health effects of serum Vitamin D levels, sunlight exposure and Vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with Vitamin D deficiency.

Individuals avoiding all sun exposure should consider having their serum Vitamin D measured. If levels are reduced or deficient they may wish to consider taking supplementary vitamin D3, 10-25 micrograms per day, and increasing their intake of foods high in Vitamin D such as oily fish, eggs, meat, fortified margarines and cereals. Vitamin D3 supplements are widely available from health food shops.

Where can I get more information about Atypical Fibroxanthoma?

Web links to detailed leaflets:

http://dermnetnz.org/lesions/atypical-fibroxanthoma.html
http://www.healthcentral.com/skin-cancer/c/1443/159980/atypical-fibroxanthoma/

Links to patient support groups:

Macmillan Cancer Support
89 Albert Embankment
London SE1 7UQ
Free helpline for emotional support 0808 808 2020
Free helpline for information 0808 800 1234
www.macmillan.org.uk

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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