A 51-year-old female presented to our clinic with a swelling in her left armpit, which had progressively enlarged within the last 8 years (Figure 1). On her physical examination, a mobile, solid and smooth contoured mass of 8 x 6 x 5 cm was palpated in the posterior wall of the left axilla. The mass could not be visualized by plain radiography. MR imaging of the case revealed an intramuscular lesion that showed hypointense signals in the center and hyperintense signals at the periphery (Figure 2). Mass located within the latissimus dorsi was removed through a vertical incision made on the posterior of the left axilla paying attention to axillary vessels and nerves. Excision was accomplished by a gentle dissecti-
on from the anterior to the posterior, protecting axillary vessels and nerves. The mass did not have a major artery (Figure 3). The patient was discharged on the third postoperative day without any complication.

Histopathologic examination performed after Hematoxylen-Eosine stain revealed a neoplastic lesion comprising of mature fatty tissue within the proliferated fibroblastic cells that showed high degree of collagenization. Eosinophilic collagen and elastic fibers with degenerative changes were observed in the stroma (Figure 4). Degenerated elastic fibers demonstrated intense staining with Von Gieson (Figure 5). CD34 and Vimentine showed

FIGURE 1: Preoperative Image of the case.

FIGURE 2: MR Image with Coronal STIR sequence.

FIGURE 3: Intraoperative image of the case.

FIGURE 4: Degenerated elastic fiber structures within fibroadipose tissues (HEX100).
positive reaction, whereas smooth muscle actin, S100 and desmine showed negative reaction in immunohistochemical analysis (Figure 6, 7).

**DISCUSSION**

Elastofibroma is a benign neoplasm of the elderly population particularly among women.\(^1\)\(^2\) Extrasca-
pular location is rare. Localization in the colon, intestine, cornea, deltoid, and omentum have also been reported.\(^3\)\(^4\) The author had operated a bilateral elastofibroma dorsi case previously but in this case, the mass was located in the left axilla.\(^5\) To our knowledge, axillary localization of this type of tumor has not been reported up to date. It is visualized as a heterogeneous soft tissue mass with irregular contours in the MR images.\(^1\) Macroscopically, elastofibroma is a solid mass with irregular contours sizing from 5 to 10 cm.

Elastofibromas are benign lesions with inconsistent histopathologic structure depending upon their localization.\(^3\) Elastofibroma is reported to be due to the degeneration of collagen fibers to elastic fibers and a disorder in the biosynthesis of elastic fiber.\(^1\) Radiotherapy and inheritance were also suggested to play a role in the etiology.\(^1\)

Elastofibroma is treated by simple excision; local recurrence is rare, and no malignant transformation was reported.\(^1\) Elastofibromas do not recur if they are removed completely.\(^6\) No recurrence was observed in the follow-up examinations of our case performed up to postoperative 9 month.

**FIGURE 5:** Image of elastic fibers with elastic Von Gieson x 100.

**FIGURE 6:** CD 34 positivity in neoplasm cells (CD 34 X 100).

**FIGURE 7:** Vimentine positivity in neoplasm cells (Vimentine X 100).
REFERENCES