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Elastofibroma Dorsi: An Uncommon and Under-Diagnosed Tumour. The Authors' Response☆

Fibroelastoma dorsi: un tumor infrecuente e infradiagnosticado. Réplica de los autores

We would like to thank the authors for their interest in and comments regarding our contribution about elastofibroma dorsi (ED).[1] We find interesting the use of new techniques or complementary explorations that can aid in the differential diagnosis of these lesions. Magnetic resonance (MR) is the ideal technique with the best diagnostic accuracy for ED.[2]

As we postulate in our study, we believe that MR should be done if the physical examination and the ultrasound study do not clearly direct the diagnosis; nevertheless, more specific studies will provide greater functional and morphological information than the rest of complementary explorations.

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Bilateral Elastofibroma *dorsi*: a Very Rare Presentation for a Rare Pathology☆

Elastofibroma dorsi *bilateral: una muy rara presentación para una rara patología*

To the Editor:

Elastofibroma *dorsi* (ED) is an uncommon, non-encapsulated, non-benign tumor characterized by the proliferation of elastin fibers in a stroma of collagen and fatty connective tissue.[1] It is typically seen in people over the age of 60[2] and in women, with a male to female ratio of 13:1.[3] We report two cases of a rare presentation for this type of pathology.

The first case is a 57-year-old symptomatic woman, with right elastofibroma measuring 5 cm × 4 cm that was satisfactorily removed surgically. Two years later, the patient presented a new mass measuring 2.3 cm × 2.3 cm, although without symptoms, which was extirpated. The second case is that of a 51-year-old man presenting bilateral subscapular masses. They were resected sequentially. Both in the first as well as in the second case, the anatomopathologic results were elastofibroma.

Although the estimated prevalence of ED is 2%[2] in asymptomatic patients, in series of autopsies individuals over the age of 50 seem to present a prevalence of subclinical ED (<3 cm) reaching 24% in women and 11% in men.[1] In practice, within the exceptional nature of this type of tumors, a bilateral occurrence is extremely rare, and in the literature there are only 11 preceding clinical reports (Table 1), although in the series of autopsies there is also an observed prevalence of bilaterality that is greater than expected (7%).[4]

Diagnosis by imaging studies is usually begun with radiography, which can detect either a soft tissue mass or an elevation of the scapula. On ultrasound, a sub- and pre-scapular mass with a fibrillar, fasciculated appearance is usually observed. On CT, it is seen as a non-encapsulated mass that is lenticular in shape, isodense with the surrounding musculature, and with hypodense striations that correspond with dense fat. Lastly, MRI, which is considered the main imaging technique for its diagnosis, shows the ED as a fatty and fibrous lesion, as seen in a heterogeneous image with areas of intensity similar to muscle tissue (the fibrous part),

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