# 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**

Sun protection is recommended for all people. It is advisable to protect the skin from further sun damage.

- Protect your skin with clothing. Ensure that you wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Make use of shade between 11 am and 3 pm when it's sunny.
- It is important to avoid sunburn, which is a sign of damage to your skin and increases your risk of developing a skin cancer in the future. However, even a tan is a sign of skin damage and should be avoided.
- Use a 'high protection' sunscreen of at least SPF 30 which also has high UVA protection. Apply sunscreen generously 15 to 30 minutes before going out in the sun and make sure you reapply frequently when in the sun.
- Keep babies and young children out of direct sunlight.
- 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, you should be referred to see a consultant dermatologist or a member of their team at no cost to yourself through the NHS.
- No sunscreen can offer you 100% protection. They should be used to provide additional protection from the sun, not as an alternative to clothing and shade.
- Routine sun protection is rarely necessary in the UK for people of colour, particularly those with black or dark brown skin tones. However, there are important exceptions to this; for example, sun protection is important if you have a skin condition, such as photosensitivity, vitiligo or lupus, or if you have a high risk of skin cancer, especially if you are taking immunosuppressive treatments (including organ transplant recipients) or if you are genetically pre-disposed to skin cancer. Outside of the UK in places with more extreme climates, you may need to follow our standard sun protection advice.
- It may be worth taking vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce your vitamin D levels.

**Vitamin D advice**

The evidence relating to the health effects of serum vitamin D levels, exposure to sunlight and vitamin D intake, is inconclusive. People who are avoiding (or need to avoid) sun exposure may be at risk of vitamin D deficiency and should consider having their serum vitamin D levels checked. If the levels are low, they may consider:

- taking vitamin D supplements of 10-25 micrograms per day
- increasing intake of food rich in vitamin D such as oily fish, eggs, meat, fortified margarine and cereals.

## Where can I get more information about 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

***Web links to detailed leaflets:***

http://www.healthcentral.com/skin-cancer/c/1443/159980/atypical-fibroxanthoma/

*British Association of Dermatologists*

- Early detection and prevention of skin cancer https://www.skinhealthinfo.org.uk/symptoms-treatments/skin-cancer/
- Sun safety https://www.skinhealthinfo.org.uk/sun-awareness/the-sunscreen-fact-sheet/
- https://www.skinhealthinfo.org.uk/sun-awareness/sun-advice-for-skin-of-colour/
- https://www.skinhealthinfo.org.uk/sun-awareness/sun-protection-advice-for-children-and-babies/
- Vitamin D https://www.skinhealthinfo.org.uk/sun-awareness/vitamin-d-information/

*National Cancer Action Team (NCAT)/ NHS Choices*

- Vitamin D

www.nhs.uk/Conditions/vitamins-minerals/Pages/Vitamin-D.aspx

**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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