# **Scorpion Sting Leads to Histocytoma**

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Abstract: Scorpion sting is a common medical problem worldwide speasialy in Saudi Arabia, because of the geographical distribution that combines deserts and mountains which is favorable for deferent types of scorpions. It is important to know that scorpion stings had a wide range of presentation started from redness and pain till life threatening conditions. We present a 20 years old male patient who had a scorpion sting and he presented with benign fibrous histiocytoma which is a rare presentation, followed by discussion on the case.

Keywords: Scorpion sting, histiocytoma.

# I. INTRODUCTION

Scorpion stings is a common medical problem in Saudi Arabia that may affects respiratory, cardiovascular or neurological systems and some time it leads to life threatening conditions and death but it is extremely rare to have fibrous histocytoma as a presentation [1],[2]. We report a 20 years old patient who develops a deep benign fibrous histocytoma at the abdomen after a scorpion sting.

#### II. CASE REPORT

20 years old male patient admitted throw emergency department complaining of abdominal swelling 3 days ago after scorpion sting.

The swilling in epigastric area getting large and it is associated with mild pain and small amount of bloody discharge. He has constipation but no history of vomiting or diarrhea. No weight loss, loss of appetite, night sweating and fever. He has no diabetes, hypertension, asthma or other medical illnesses. No previous admissions. He is not a smoker, lives in dessert work as sheep shepherd.

On physical examination patient look unwell his temperature 36.5 – pulse 91/min – blood pressure 168/69 – respiratory rate 15/min – Spo2 100% on room air.

He is conscious and oriented; his chest examination reveals normal S1 and S2 with no added sound or murmur and clean bilateral equal air entry.

The abdomen was soft not descended there is no scars. The mass legion is at epigastric area 10 X 10 cm in size, firm in consistency, the upper part were gangrenous with bloody discharge (Fig.1)

Normal labs slight elevation in WBC and blood glucose

After that the patient diagnosed as strangulated hernia and he kept NPO and booked for urgent herniotomy.

The surgery was done with midline incision, the mass was removed with a safety margin was in the anterior abdominal wall and send it to the histopathology. (Fig.2)

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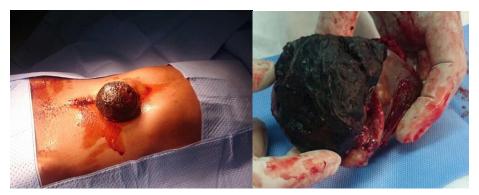


Fig. 1 picture of the mass as presented

Fig. 2 picture for the mass after extraction

The histopathology report revel that the mass was covered by ulcerated skin and in microscopic section shows interlacing bundles of spindle cells forming storiform pattern. They are arranged around vascular like slit spaces. Bundles of collagen noted in periphery of the lesion. Frequent large histocyte cells noted. No atypia or increased mitotic activity or necrosis seen. The diagnosis is deep benign fibrous histocytoma.

# III. DISCUSSION

Scorpion stings have a high incidence in Saudi Arabia and the most of the patients are shepherds or peoples whom enjoying the desert[2]. It has a wide index of clinical manifestations starting from a just skin irritation till life threatening conditions such as neurologic, respiratory, and cardiovascular involvement [1]. Rarely it presents with benign fibrous histocytoma and there is no case reported in the literatures. Fibrous histocytoma also called dermatofibroma is a rare tumor benign in nature composed of mixture of fibroblastic and histiocytic cells with unknown etiology discovered at 1970 when Immunohistochemistry techniques and electronic microscopy appears [3]. It arises at sun exposed skin mainly in dermis, soft tissue or parenchymal organs, commonly affects the upper or lower limbs rarely head and neck [4], [5]. benign fibrous histocytoma is difficult to diagnose clinically, excision should be taken to histopathology [6]. Treatment of Fibrous histocytoma is surgical excision and it has a good prognosis, There is no case reported with metastatic Fibrous histocytoma[7].

## IV. CONCLUSION

We reported a 20 years old male patient had a scorpion sting in the abdomen, which leads to fibrous histiocytomas. Fibrous histiocytoma is a rare tumor with unknown cause. Treated with surgical excision and it has a good prognosis.

## REFERENCES

- [1] Razi E, Malekanrad E. Asymmetric pulmonary edema after scorpion sting: a case report. Revista do Instituto de Medicina Tropical de Sao Paulo. 2008;50(6):347-50.
- [2] Mahaba HMA. Scorpion sting syndrome: epidemiology, clinical presentation and management of 2240 cases. Eastern Mediterranean Health Journal. 1997;3(1):8.
- [3] Kaur H, Kaur J, Gill KS, Mannan R, Arora S. Subcutaneous dermatofibroma: a rare case report with review of literature. Journal of clinical and diagnostic research: JCDR. 2014;8(4):FD01-2.
- [4] Blitzer A, Lawson W, Zak FG, Biller HF, Som ML. Clinical-pathological determinants in prognosis of fibrous histiocytomas of head and neck. The Laryngoscope. 1981;91(12):2053-70.
- [5] Pandey NK, Sharma SK, Banerjee S. A rare case of fibrous histiocytic tumor of the tongue. The Indian journal of surgery. 2013;75(Suppl 1):1-5.
- [6] Calonje E, Mentzel T, Fletcher CD. Cellular benign fibrous histiocytoma. Clinicopathologic analysis of 74 cases of a distinctive variant of cutaneous fibrous histiocytoma with frequent recurrence. The American journal of surgical pathology. 1994;18(7):668-76.
- [7] Fletcher CD, Gustafson P, Rydholm A, Willen H, Akerman M. Clinicopathologic re-evaluation of 100 malignant fibrous histiocytomas: prognostic relevance of subclassification. Journal of clinical oncology: official journal of the American Society of Clinical Oncology. 2001;19(12):3045-50.