

## Solitary Fibrous Tumor in the Oral Cavity: A Case Report

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by Ganly et al in 2006 which studied 12 patients from 1990-2004 in New York. To date, there is no published data In the Philippines,

volvement of the floor of mouth (Figure 1). There were no palpable cervical lymph nodes.

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Final histopathology revealed solitary fibrous tumor. Postoperatively, patient underwent rehabilitation therapy for speech.

### Discussion

Solitary fibrous tumors (SFT) are spindle cell fibrous and myofibroblastic neoplasms that commonly arise from pleura. They are neoplasms that are accompanied by capillaries (Pitluk and Conn 1979).

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**Figure 3:** Primary closure of right lateral tongue A. Anterior view B. Lateral view.

also seen in the patient with its proliferation index of up to 57%.

Of these markers, presence of CD34 confirms diagnosis of SFTs. In the study by Sakamoto et. Al (2005), CD34 is stipulated as a 110 kDa single-chain transmembrane glycoprotein, which is present on both haematopoietic precursors and capillary endothelial cells. Although most of such tumors are positive for CD34, it is still not specific for SFTs. Certain neoplasms such as neurofibroma, schwannoma, leiomyoma turn out positive for CD34. Thus, exclusion of

other neoplasms of mesenchymal origin is needed in establishing the diagnosis.

The clinical presentation and management of solitary fibrous tumor is discussed.

In the conclusion, the authors recommend a multidisciplinary approach for the management of solitary fibrous tumor, including surgical resection, radiation therapy, and systemic therapy.

### Conclusion

With the increasing incidence of solitary fibrous tumor and its potential for local recurrence and distant metastasis, the identification of reliable biomarkers such as STAT6 is crucial for the diagnosis and prognosis of solitary fibrous tumor. This case report highlights the importance of a multidisciplinary approach in the management of solitary fibrous tumor.

Follow-up done up to 45.8 months.

### References

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