

DERMATOPATHOLOGY UNIT

UPP | Department of Dermatology

UPMC Dermatopathology "Case of the Month" Presentations

UPP - Department of Dermatology, Dermatopathology Unit

5230 Centre Avenue (412) 623-2614

Pittsburgh, PA 15232 (412) 682-6450 FAX

Case Authors: Carol Roper MD, Larisa Geskin MD, Drazen Jukic MD PhD

DECEMBER 2004 CASE OF THE MONTH

CLINICAL FINDINGS

CLINICAL HISTORY:

A 43 year old man presented with a 1 month history of an asymptomatic nodule on his right arm. It had been steadily increasing in size. He denied any local trauma. He had never had similar lesions nor had anyone in his family. Past medical history, medications, allergies, family history and review of systems were noncontributory.

Physical Examination:

On physical examination, he had a < 1.0 cm firm dermal nodule on his right lateral arm. It was freely mobile and nontender. There was no epidermal change, erythema or fluctuance. Excisional biopsy was performed. Histopathology was significant for the presence of a sharply circumscribed tumor (figure 1) that contained two cell types: basaloid at the periphery and eosinophilic shadow cells centrally. Calcification was present.

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DISCUSSION & DIAGNOSIS

DIAGNOSIS

Final Diagnosis: A diagnosis of pilomatricoma, calcifying epithelioma of Malherbe, was made

DISCUSSION

Pilomatricoma is a benign appendageal tumor occurring most commonly on the head and neck of children and adolescents. Its differentiation most closely resembles that of the hair bulb. Activating mutations in beta-catenin have been found in some cases, and multiple pilomatricomas can occur in the setting of Gardner's syndrome. Clinically, lesions are solitary, and may have a skin-colored or bluish hue.

Histopathology is significant for the presence of a cystic space with basaloid cells at the periphery transitioning to eosinophilic "shadow" or "ghost" cells centrally. These are anucleate keratinized cells representing metrical cells. The basaloid cells are monomorphous with prominent nucleoli. Granulomatous inflammation, fibrosis, and multi-nucleated giant cells may be found in the stroma at sites of rupture or in long-standing lesions. Foci of calcification are common.

Treatment is surgical excision. Local recurrence is rare and malignant transformation has been reported.

REFERENCES

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3. Sassmannshausen J, Chaffins M: Pilomatrix carcinoma: A report of a case arising from a previously excised pilomatrixoma and a review of the literature. J Am Acad Dermatol 44: 358, 2001.
4. Weedon D: Tumors of cutaneous appendages, in Skin Pathology, New York, Churchill-Livingstone, 1997, p 713.

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Figures & Images

1. *Click on the Figure number you wish to review.*
2. *Click on the image to enlarge*

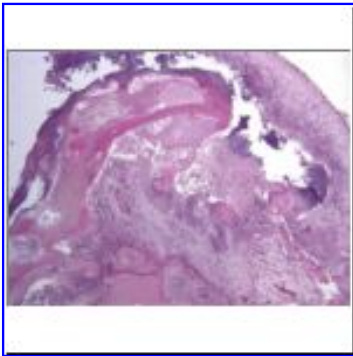


Figure 1

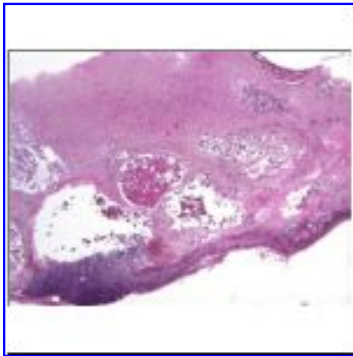


Figure 2

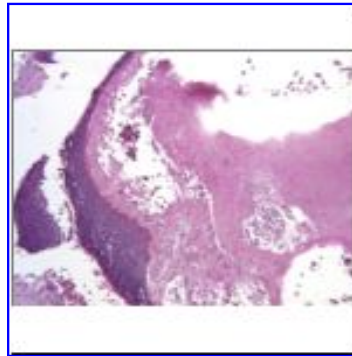


Figure 3

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