

CASE REPORT

A very rare localisation of pilomatrixoma

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Abstract: Pilomatrixoma is a rare skin neoplasm which is usually localized on face, neck and lower extremities and its etiology is still unknown. We report a case of a 32-year-old male patient with a rare localisation of pilomatrixoma on the right shoulder. The presumed diagnosis was sebaceous cyst. Excision biopsy was performed (Fig. 1, Ref. 8). Full Text (Free, PDF) www.bmj.sk.
Key words: pilomatrixoma.

Pilomatrixoma or Malherbe's calcified epithelioma was first described by Malherbe and Chienantais in 1880. Pilomatrixoma usually develops slowly and is known as a single or sometimes multiple benign solid lesions which lie just under or in the skin (1, 2). This tumor can be familial, related to Gardner's syndrome, Steinerd's disease and sarcoidosis.

The incidence of this tumor is higher in females (3). The aim of this study is to attract attention to localisation of pilomatrixoma, namely that this tumor can develop at any site providing that sebaceous glands are present and that it must be remembered in the differential diagnosis of soft tissue tumors.

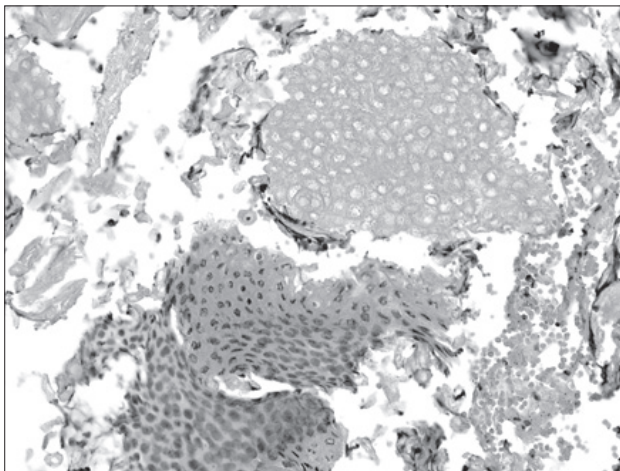


Fig. 1. Microscopic imaging.

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Case report

A 32-year-old male patient was referred to us with a painful mass in his right shoulder which had developed in the last two months. At physical examination, the painful mass which was approximately 1.5 cm in diameter was localized in the shoulder with no ulcer or erythema present. However, the systemic physical examination and all laboratory findings were normal. The patient was hospitalized with the prediagnosis of Sebaceous Cyst for operation. The mass was totally excised under local anaesthesia. During this operation, we observed that this mass was chalky and white, and looked like seeds of fig without any smell. The diagnostic conclusion of histopathological examination was pilomatrixoma (Fig. 1). During one year follow-up there has been no evidence of recurrence.

Discussion

Pilomatrixoma is a rare benign cutaneous tumor. It is most commonly seen in head and neck areas, during the first two decades of life. It has a slight predominance in females (4, 5, 6). This tumor can be familial, related to Gardner's syndrome, Steinerd's disease and sarcoidosis (3). However our patient had no other diseases in his history and physical examinations. Although pilomatrixoma is most commonly seen in head and neck areas, its localisation in our case was very rare, namely on his right shoulder.

The presence of pilomatrixoma on the right shoulder has never been described so far. Pilomatrixoma is often being confused with other skin lesions and the diagnosis is frequently missed preoperatively. Therefore pilomatrixoma has to be considered in all cases of skin lesions (7). The treatment of choice for this disease is surgical excision and its recurrence is rare (8). In this patient, we performed total excision under local anaesthesia.

We conclude that pilomatrixoma can develop at any site, providing that sebaceous glands are present and it must be remembered in the differential diagnosis of soft tissue tumors.

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