Giant pilomatrixoma arising in the preauricular region: a case report

Preauriküler bölgeden kaynaklanan dev pilomatrixoma: Olgu sunumu

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Pilomatrixoma is a rare, benign, calcifying cutaneous tumor, originating from pluripotential precursors of hair matrix cells. It is most commonly seen in the head and neck region, occurring in the first two decades of life. It usually occurs as a single nodule with diameter of 0.5-3 cm, localized dermally or subcutaneously. Clinical diagnosis may be difficult when it presents in large, ulcerated form or in elderly patients. A 65-year-old female presented with a painful and progressive, cutaneous, firm-solid mass with a diameter of 6x4 cm, in left preauricular region. The mass was surgically excised under general anesthesia. Histopathological diagnosis of the mass was pilomatrixoma which showed basophilic cells, shadow cells and calcifications. Postoperative result of operation field was cosmetically and functionally acceptable.

Key Words: Pilomatrixoma/diagnosis/surgery; skin neoplasms/diagnosis/surgery.


Anahtar Sözcükler: Pilomatrixoma/tani/cerrahi; cilt neoplasları/ tanı/cerrahi.

Pilomatrixoma is a rare, benign, calcifying cutaneous tumor, originating from pluripotential precursors of hair matrix cells. It is also known as pilomatrixoma trichomatricoma, or pilomatricoma. It was originally called as calcifying epithelioma by Malherbe and Chenantais in their initial description. It is most commonly seen in the head and neck region, occurring in the first two decades of life. It usually occurs as a single nodule with diameter of 0.5-3 cm, localized dermally or subcutaneously. Pre-surgical diagnosis is usually sebaceous cyst, because of their size and appearance. Clinical diagnosis may be difficult when it presents in a large ulcerated for or in elderly patients.
The case presented in this paper is of interest because the lesion was had a large diameter, and appeared in the ulcerated decade.

CASE REPORT

A 65-year-old female presented with a painful, progressive, cutaneous, firm-solid mass with a diameter of 6x4 cm, in left preauricular region (Fig. 1). The lesion had been present for ten years. It had gradually grown over a period of years. There was no history of trauma. Physical examination showed bluish-brown, solid mass 6x4 cm in diameter; ulcerated, mobile, and tender on palpation. Haemopurulent discharge was seen on the epithelial surface of the tumor. There was no lymph node involvement in the neck. Chest X-ray, complete blood count, sedimentation rate, and biochemical tests were within the normal range. No connection between the parotid gland and the mass was observed by ultrasonography. Other otorhinolaryngologic examinations were normal. Although fine needle aspiration cytology was performed three times, enough specimen could not be obtained for cytologic examination. Incisional biopsy was performed from the ulcerated lesion four differential diagnosis. It was surgically excised under general anesthesia. Final histopathological diagnosis of the mass was pilomatrixoma which showed basophilic cells, shadow cells and calcifications (Fig. 2). Cosmetically and functionally postoperative result of operation field was acceptable.

DISCUSSION

Pilomatrixomas are benign skin neoplasms of hair follicle origin. The most common sites of occurrence are the cheek (36%), neck (20%), periorbital region (14%), and scalp (9%). However, Yoshimura et al. described that the most common site of pilomatrixoma as the preauricular region. Consequently, pilomatrixoma should be considered in the differential diagnosis of tumours localized in the preauricular area. Additionally, size of tumors presented in their study and relevant literature was ranged between 2-3 cm. In this case, size of the tumor was 6x4 cm.
Pilomatrixomas are one of the most common superficial masses of the head and neck excised in children, and have a peak incidence in the first two decades of life. Our case was 65 years old.

The faceted stone appearance is pathognomonic; it is stony hard and is present dermally or subdermally. In large and ulcerated pilomatrixomas such as our case, it should be considered that lesions may be transformed to BCC or SCC. As a result of this condition, in our case, we investigated for SCC and BCC.

The differential diagnosis of pilomatrixoma includes pilomatrix carcinoma, epithelial cyst, dermoid cyst, foreign body reaction, trichoepithelioma, chondroid syringoma, degenerating fibroxanthoma, osteoma cutis, atheroma, metastatic calcification, calcified hematoma or hemangioma, sebaceous cyst, giant cell tumor and masses originated from parotid gland. The fine-needle aspiration (FNA) features of pilomatrixoma frequently lead to a misdiagnosis of carcinoma. Although diagnosis of pilomatrixoma is clinical, it may be difficult when it presents as large and ulcerated, or seen in elderly patients and diagnosis should be confirmed histopathologically before total surgical excision.

Treatment of pilomatrixoma is surgical excision and there is no recurrence risk after total resection. In our case, treatment of the pilomatrixoma was consisted of total excision and closure by rotation flap.

As a conclusion, pilomatrixoma should be considered in differential diagnosis of preauricular masses with a large diameter, faceted stone appearance with perforation of the overlying skin, and a fistula with brownish and purulent discharge on the epithelial surface of the tumor even in elderly persons.

REFERENCES