



PILOMATRICOMA: ANOTHER DIFFERENTIAL IN THE DIAGNOSIS OF THE SOFT TISSUE SWELLINGS OF THE EAR LOBULE

Garg Ramneesh^{1*}, Uppal Sanjeev¹, Mittal K Rajinder¹, Tanwar Bharti¹, Garg Bhavna² and Garg Shirin³

¹Department of Plastic Surgery, Dayanand Medical College & Hospital, Ludhiana- 141001, Punjab, India

²Department of Pathology, Dayanand Medical College & Hospital, Ludhiana- 141001, Punjab, India

³Department of Onco Gyne, Oswal Cancer Hospital, Ludhiana- 141003, Punjab, India

Received for publication: February 12, 2015; Accepted: April 28, 2015

Abstract: Pilomatricoma is a benign skin tumor derived from the hair matrix. We present a case of 40 years female who presented to the outpatient department with history of swelling in the left ear lobule for the last 2 years. Pre-operative diagnosis of dermoid cyst was kept. The swelling was excised and sent for histo pathological examination, which came out as Pilomatricoma.

Key Words: Swelling; Ear Lobule; Pilomatricoma

INTRODUCTION

Pilomatricoma is a benign skin tumor derived from the hair matrix. [1] It is also known as a calcifying epithelioma of Malherbe, [2] Malherbe calcifying epithelioma, and Pilomatrixoma. Malignant transformation is uncommon. We present a case of swelling left ear lobule, which on histopathology turned out to be Pilomatricoma.

CASE STUDY

40 years female presented to the outpatient department with history of swelling in the left ear lobule for the last 2 years. Swelling was sudden in onset, very slow in progression, not associated with trauma, pain, discharge or fever. On inspection, and the swelling was approximately 1.0 * 0.5 cm sized at the tip of the left ear lobule, appeared localized and the overlying skin was hyperemic. On palpation, the swelling was non-tender, no localized rise of temperature, firm and well localized. A differential of dermoid cyst was kept and patient was taken up for surgery. Under local anesthesia, the swelling was elliptically excised (Fig 1) and the wound was closed primarily. Post op period was uneventful (Fig 2).

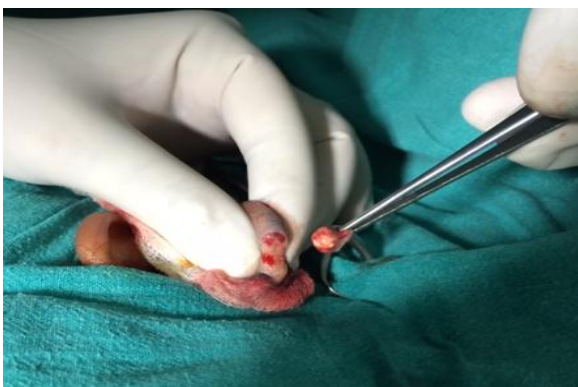


Figure 1: Intraoperative picture showing swelling



Figure 2: Post operative picture

DISCUSSION

Pilomatricoma is a benign tumor of the skin adnexa. Malherbe and Chenantais first described it in 1880. In 1922, Dubreuilh and Cazenave [3] described the unique histopathologic characteristics of this neoplasm, including islands of epithelial cells and shadow cells. In 1961, Forbis and Helwig [4] proposed the term pilomatrixoma. Any swelling in the lobule area is usually benign and could be a lipoma, a dermoid or a keloid if it follows ear piercing. The diagnosis of Pilomatricoma was not kept pre operatively as it is an uncommon identity with a reported incidence of 1 in 500- 2000. Though pilomatricoma can develop at any age, it demonstrates bimodal peak presentation during the first and sixth decades of life, however, 40% of cases occur in patients younger than 10 years of age and 60% of cases occur within the first two decades of

*Corresponding Author:

Dr. Garg Ramneesh,
Associate Professor,
Dept of Plastic Surgery,
Dayanand Medical College & Hospital,
Ludhiana-141001, Punjab, India.



life.^[5] It is found particularly on the head and neck region (over 50% of cases) with a female predominance.^[6] This patient, though a female, presented in middle age, and her main complaint was cosmetic disfigurement. She had a pathognomic bluish red discoloration, but the same got overlooked because of non-familiarity with the diagnosis. Since radiology is of little use, we straightaway went ahead with the surgical excision. Recurrence after surgery is rare, with an incidence of 0% to 3%.^[7]

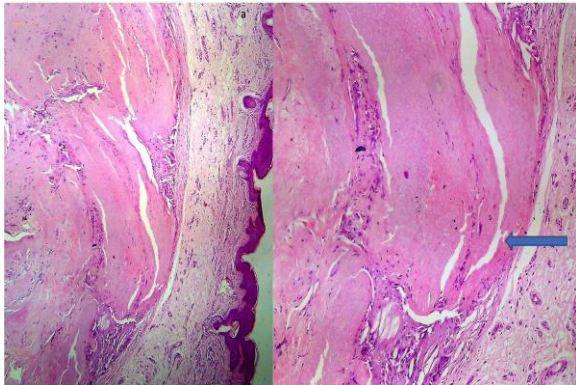


Figure 3: Histopathology was suggestive of Pilomatricoma

REFERENCES

1. James W D, Berger T G, Elston D M (2011). In Andrews' Diseases of the Skin: Clinical Dermatology. Saunders Elsevier. London

2. Rapini R P, Bologna J L, Jorizzo J L (2007). In Dermatology. St. Louis: Mosby
3. Dubreuilh W, Cazenave E. De l' epithelioma calcifie: etude histologique. Ann Dermatol Syphilol. 1922; 3: 257-68.
4. Forbis R, Jr, Helwig EB. Pilomatricoma (calcifying epithelioma) Arch Dermatol. 1961; 83: 606-17
5. Moehlenbeck FW. Pilomatricoma (calcifying epithelioma). A statistical study. Arch Dermatol. 1973; 108: 532-4
6. Yencha MW. Head and neck pilomatricoma in the pediatric age group: a retrospective study and literature review. Int J Pediatr Otorhinolaryngol. 2001; 57: 123-8
7. Goufman DB, Murrell GL, Watkins DV. Pathology forum. Quiz case 2. Pilomatricoma (calcifying epithelioma of Malherbe) Arch Otolaryngol Head Neck Surg. 2001; 127: 218-20.

CITE THIS ARTICLE AS:

Garg Ramneesh, Uppal Sanjeev, Mittal K Rajinder, Tanwar Bharti, Garg Bhavna and Garg Shirin, Pilomatricoma: Another Differential In The Diagnosis Of The Soft Tissue Swellings Of The Ear Lobule, International Journal of Bioassays, 2015, 4 (06), 3983-3984.

Source of support: Nil

Conflict of interest: None Declared