



Contents lists available at ScienceDirect

Journal of Oral and Maxillofacial Surgery, Medicine, and Pathology

journal homepage: www.elsevier.com/locate/jomsmmp

Case report

Pilomatricoma with abundant ossification at the preauricular region: A case report

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ARTICLE INFO

Article history:

Received 16 February 2012

Received in revised form 17 April 2012

Accepted 15 May 2012

Available online 31 July 2012

Keywords:

Pilomatricoma

Epithelioma

Subcutaneous nodule

Preauricular region

Ossification

Computed tomography

Excision

ABSTRACT

The mass of pilomatricoma with abundant ossification at the preauricular region is unusual and generally present as a single mass. Most pilomatricomas are commonly presented as asymptomatic dermal or subcutaneous nodules or soft or rubbery masses. The hard nodule mass in this region is extreme rare and uncommon in the Oral Maxillofacial Surgery field. This case reports a 17-year-old Thai male, presenting slow growing hard (stony-like) mass at the left preauricular area without any disturbance to the parotid gland or facial nerve. Computed tomography was useful in determining the relationship to the neighboring structures and mass localization for diagnosis and treatment planning for the justified treatment. The histopathological diagnosis of this present case shows a remarkable ossification pilomatricoma.

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1. Introduction

Pilomatricoma, also known as calcifying epithelioma of Malherbe or pilomatrixoma, was first described in 1880 by Malherbe and Chenantais [1] as a benign subcutaneous tumor arising from the sebaceous gland. The name “pilomatricoma” was presented by Forbis and Helwig [2] in 1961 to denote the hair matrix as its origin. Pilomatricomas are most frequently discovered in children (8–13 years old) with female and Caucasian preponderance [3,4]. Although the tumors may affect the trunk and upper extremities, the head and neck region especially the cheek area [5] has the highest prevalence. The tumors were reported with red-blue discoloration, and firm to hard mass with the sizes ranging from 1 to 60 mm (average 12 mm). Complete removal of the tumor by surgical excision rarely involved recurrence and malignant pilomatricomas were also infrequently reported [3]. Though the

majority of lesions occurred in the head and neck region, this tumor is not so familiar for Oral and Maxillofacial Surgeons, but common for Dermatologists. Therefore, reports of this tumor have been mostly published in the literature from Dermatology [2,4,6] due to the tumor origins from skin. Especially in our case, the stony-hard mass at preauricular region is not commonly found. Hence, pilomatricoma has not been included in the differential diagnosis in Oral Maxillofacial Surgery. However, several case reports were also found in the literature from Oral Maxillofacial Surgery. Although a pilomatricoma itself is not rare, the present case shows a remarkable ossification at the left preauricular region. Therefore, this case is considered as an interesting and rare example of pilomatricoma.

2. Case report

A 17-year-old Thai male patient presented at the Oral Maxillofacial Surgery Department, Maha Chakree Sirindhorn Dental Hospital with a superficial mass at the left preauricular region. The asymptomatic mass was firstly noticeable about one year ago and became gradually larger so this prompted the patient to treatment. No underlying diseases, history of injury at the related regions and familial history were reported by the patient.

2.1. Clinical examination

This examination revealed a superficial, firm and movable mass which was normal skin covered and well-circumscribed about

☆ AsianAOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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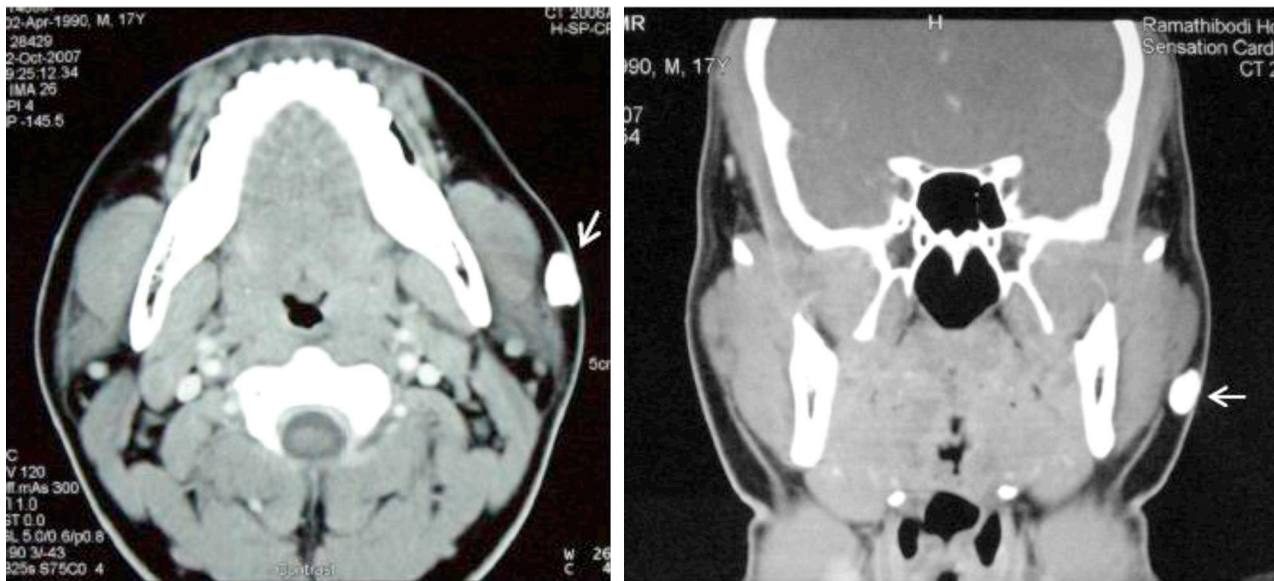


Fig. 1. Radiopaque of calcification-like mass in subcutaneous tissue layer, superficial to the muscle and the preauricular gland shown in computed tomography (arrow).

1.5 cm in diameter. Normal-functioning facial nerve as well as the patency of the Stensen's duct was detected while the radiographic findings were consistent with a radiopaque of calcified mass in the soft tissue. Additionally, computed tomography showed calcification in the subcutaneous fat tissue above Stensen's duct, superficial to the masseter muscle and the parotid gland (Fig. 1). Eventually the mass 16 mm × 18 mm was excised under local anesthesia as shown in Fig. 2. The clinical standpoint differential diagnosis of this case included calcified lymph node, ossifying fibroma and ossifying hematoma.

2.2. Histopathology findings

The tumor was sharply demarcated and surrounded by a connective tissue capsule (Fig. 3). Two types of tumor cells, basophilic cells and shadow cells (ghost cells), were arranged in irregularly shaped islands within a rather cellular stroma (Fig. 4). The basophilic cells possessed round or oval vesicular nuclei with

prominent nucleoli and scanty basophilic cytoplasm with indistinct cellular borders. The shadow cells had faintly eosinophilic cytoplasm with a distinct border, containing a central unstained area as a shadow of the lost nucleus. The stroma of the tumor usually shows a foreign body giant cell reaction adjacent to the shadow cells. Areas of abundant ossification were seen in the stroma next to areas of shadow cells. Osteoblasts may be seen lining the trabeculae of the bone. There was no recurrence in three years follow-up.

3. Discussion

Pilomatricoma (Calcifying epithelioma of Malherbe), a benign calcifying tumor arising from hair matrices, often presents at the head and neck region as a slow growing superficial, firm, solitary dermal or subcutaneous mass [7]. Typically, pilomatricomas tend to have some calcification and they occasionally demonstrate foci of ossification. It usually occurs solitary; nevertheless, multiple nodules and familial cases have also been reported [6].

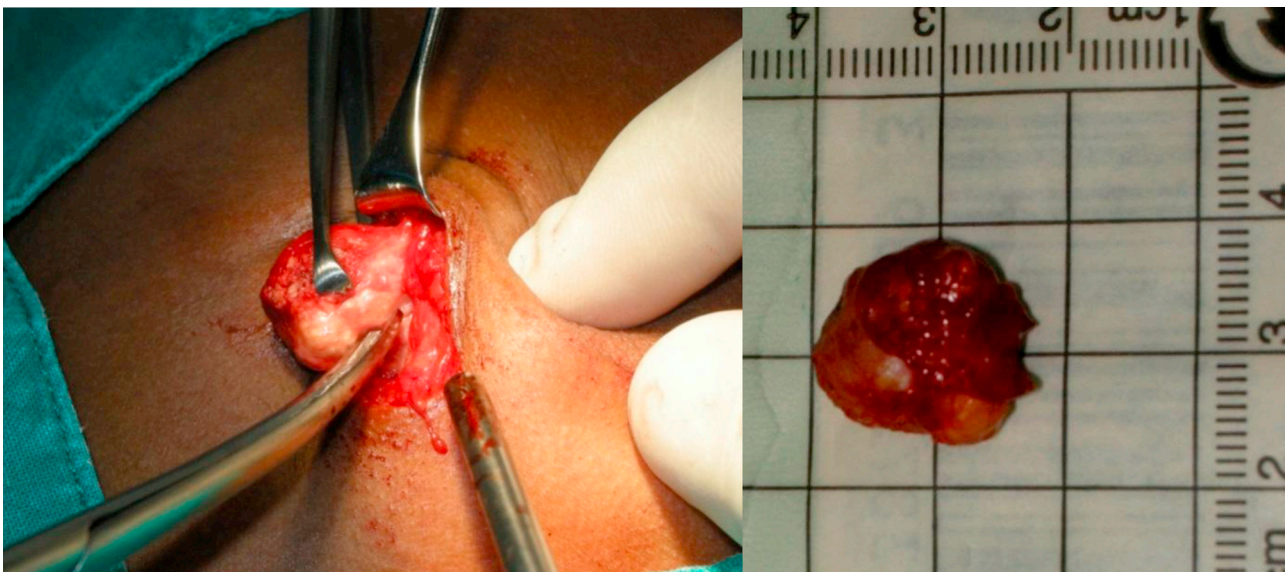


Fig. 2. The 16 mm × 18 mm mass was excised under local anesthesia.

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