Pilomatricoma of the Retroauricular Area

Retroaurikuler Bölgede Pilomatrikoma

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ABSTRACT

Pilomatricoma is a benign skin tumor of hair matrix cells. The head and neck is the most commonly affected site of the body. This article describes 41 year-old man who referred to our clinic with an asymptomatic, slow-growing mass on the right retroauricular, suboccipital region. The tumor was excised and histopathologically diagnosed as pilomatricoma. Because of its frequency and predilection of head and neck region, otolaryngologists should be familiar of this tumor.

Key Words: Pilomatricoma, skin neoplasm, calcifying epitelioma.

INTRODUCTION

Pilomatricoma, also described as calcifying epithelioma of Malherbe is a skin neoplasm, which originates from hair matrix cells (1-3). This tumor is benign and the neck is one of the most commonly affected sites of the body. This tumor is actually not uncommon neoplasia that pathologist confirmed this diagnosis for one of every 500 specimens (4). Despite the frequency of pilomatricoma, it is rarely come to mind as prediagnosis by clinicians (5). Its varying presentations may be a cause of misdiagnosis. Thus, it should be important to be aware of this tumor. This article describes a case of pilomatricoma in the retro-auricular, sub-occipital region and discuss this neoplasia.

CASE REPORT

A 41 year-old male patient referred to our clinic with a a right retro-aural, sub-occipital mass. The tumor has grown in 8 months. No pain, discharge or discoloration occured in this area. There were no other masses or lymphadenopathy or significant medical history of the patient. The superficial, solid, mobile mass measured aproximately 3 cm x 1,5 cm in the right retro-auricular, sub-occipital region (Figure 1). The other parts of ENT examination and systemic examination was normal. Superficial ultrasound examination revealed a 3 cmx 1,5 cm subcutaneous cystic lesion with containing solid areas. Excision surgery was performed under general anesthesia.
Skin incision was made in the sub-occipital region and then by proceeding with blunt dissection of the subcutaneous tissue, the mass was achieved. A firm calcified mass, which is non-adherent to the surrounding tissues was excised (Figure 2). The pathologist explained the diagnosis as pilomatricoma (Figure 3).

DISCUSSION

The formation mechanism of pilomatricoma, which is the tumor of hair matrix cell, had explained by the failure of the hair follicle cycle that cause the breakdown in the differentiation of pilar keratinocytes into mature hair follicles. (6,7). Furthermore, the association of pilomatricoma with the genes for myotonic dystrophy, polyoma virus have been demonstrated (8,9). β-catenin gene mutations have also been shown to be associated with pilomatricoma (10).

REFERENCES