**Scholars Journal of Medical Case Reports**
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

**Dermatology**

# Isolated Pilomatricoma of the Eyebrow in a Woman

Douma H[1*], Aboudourib M[1], Hocar O[1], Amal S[1]

[1]Department of Dermatology and Venereology, CHU Med VI, Marrakech, Morocco

**DOI:** 10.36347/sjmcr.2023.v11i09.013 | **Received:** 18.07.2023 | **Accepted:** 25.08.2023 | **Published:** 09.09.2023

***Corresponding author:** Douma H
Department of Dermatology and Venereology, CHU Med VI, Marrakech, Morocco

**Abstract** **Case Report**

Pilomatricoma, or Malherbe's calcified epithelioma, is a benign adnexal skin tumor, most often seen in children and localized to the upper half of the body. We report a form of pilomatricoma of the eyebrow in a woman. A 56-year-old female patient, with no previous pathological history, presented with a nodular lesion of the right eyebrow that had been evolving for 5 months, indurated, 2 cm long and slow to evolve. This cutaneous tumour is rare in adults, and its diagnosis is often unrecognized preoperatively due to its great clinical polymorphism. Histological examination reveals mummified cells. Treatment is based on complete surgical excision, to reduce the risk of recurrence.

**Keywords:** Pilomatricoma, skin tumor, eyebrow, polymorphism.



## INTRODUCTION

Pilomatricoma is a benign tumor of the hair follicle, common in children. It is an adnexal tumor often overlooked and confused with other skin lesions. The most common sites are the head and neck. We report a form of eyebrow pilomatricoma in a 56-year-old woman.

## OBSERVATION

A 56-year-old woman with no previous pathological history presented with a nodular lesion of the right eyebrow that had been evolving for 5 months. Clinical examination revealed a nodule measuring 2 cm in diameter, firm in consistency, bleeding on contact and fixed in relation to the deep plane (figure 1). Dermoscopic examination shows a milky red area, calcifications and polymorphic vascular distribution (figure2).

Locoregional examination revealed no palpable satellite adenopathy. The patient underwent total excision of the tumour under local anaesthetic (figure 3), with histological examination showing the presence of highly basophilic cells and acidophilic mummified cells forming circumscribed sheets and epithelial masses in favour of a pilomatricoma. No recurrence was detected after 6 months.

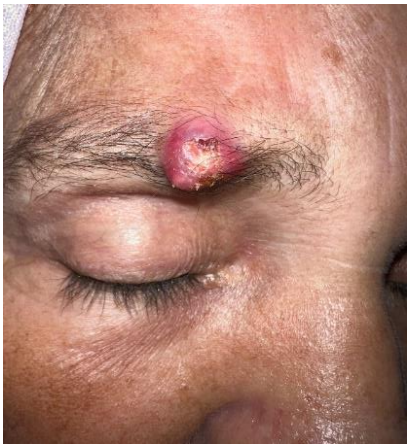

**Figure 1: clinical image of lesion**

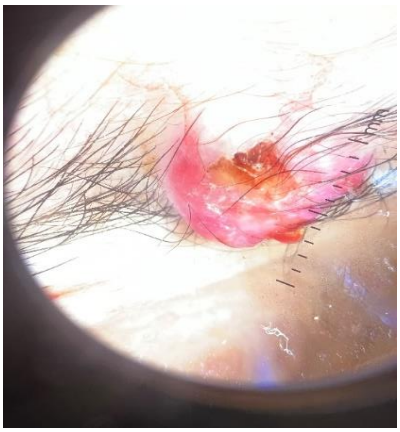

**Figure 2: dermoscopic image of lesion**

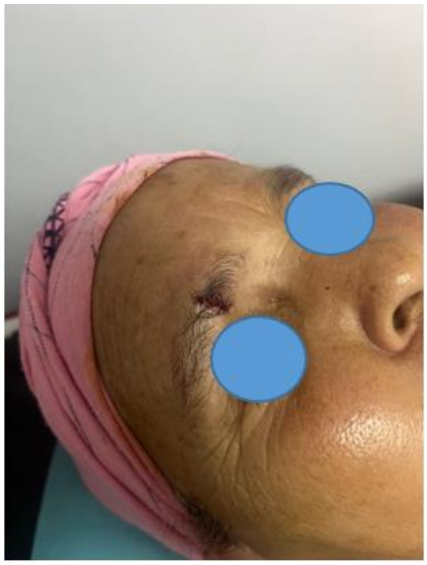

**Figure 3: image at day 4 post-operation**

## DISCUSSION

Pilomatricoma was described by Malherbe Chenantais in 1880 as a benign, calcified tumor of the sebaceous glands, its origin later confirmed by Forbis and Helwing [1, 2]. Indeed, these two authors demonstrated by immunohistochemical study that the tumor's starting point was the cells of the pilar matrix. This is a rare tumour (0.12% of skin tumours), more frequent in children, and occurs on the upper part of the human body in more than half of all cases.

We report a case of pilomatricoma in a woman in her 5th decade. Clinically, it appears as a small subcutaneous nodule, unique, asymptomatic, sometimes painful, and frequently affecting women with a sex ratio of 3/2. The usual localizations are the neck and head, and only a few exceptional isolated localizations on the limbs have been reported in the literature [3]. Calcification of the tumor is observed in 80% of cases, sometimes resulting in a true subcutaneous osteoma [4]. The difficulty of clinical diagnosis lies in the variable clinical appearance of pilomatricoma, and in the fact that some clinicians are unfamiliar with this tumour. Some authors have tried to improve the means of clinical diagnosis of pilomatricoma by dermoscopy, but this is not sufficient for a diagnosis of certainty [5]. The diagnosis of pilomatricoma must remain clinical, confirmed by histology, which helps to eliminate certain differential diagnoses, mainly epidermoid and pilar cysts, but above all malignant pilomatricoma [6].

## CONCLUSION

Pilomatricoma is a benign, rare, asymptomatic, slow-growing skin tumour. Occurrence in children, cervico-facial location and female gender are the usual characteristics. Histological diagnosis will rule out malignant pilomatricoma. Treatment is surgical excision to prevent recurrence.

## REFERENCES


1. Hernández-Núñez, A., Botello, L. N., Maté, A. R., Martínez-Sánchez, C., Busquets, M. U., Komáromy, A. C., & Martínez, J. B. (2014). Estudio retrospectivo de pilomatricomas: 261 tumores en 239 pacientes. *Actas dermo-sifiliograficas*, *105*(7), 699-705.
2. Pulvermacker, B., Seroussi, D., Haddad, R., & Mitrofanoff, M. (2006, October). Pilomatricoma or calcifying epithelioma of Malherbe. A pediatric review of 89 cases. In *Annales de chirurgie plastique et esthetique* (Vol. 52, No. 1, pp. 39-42).
3. Sari, A., Yavuzer, R., Isik, I., Latıfoğlu, O., & Ataoğlu, Ö. (2002). Atypical presentation of pilomatricoma: a case report. *Dermatologic surgery*, *28*(7), 603-605.
4. Aissaoui, M., Doss, N., & Bouzaiene, A. (1995). Cas pour diagnostic (pilomatricome). *Ann Dermatol Venereol*, *122*, 797-8.
5. Zaballos, P., Llambrich, Á., Puig, S., & Malvehy, J. (2008). Dermoscopic findings of pilomatricomas. *Dermatology*, *217*(3), 225-230.
6. Chan, J. J. L., & Tey, H. L. (2010). Multiple pilomatricomas: case presentation and review of the literature. *Dermatology online journal*, *16*(4).
7. Cypel, T. K. S., Vijayasekaran, V., Somers, G. R., & Zuker, R. M. (2007). Pilomatricoma: experience of the hospital for sick children. *Canadian Journal of Plastic Surgery*, *15*(3), 159-161.
8. Karpuzoglu, T., Elpek, G. Ö., Alpsoy, E., Gelen, T., Aksoy, N. H., & Karpuzoglu, G. (2003). Multiple familial pilomatrixomas. *Journal of the European Academy of Dermatology and Venereology*, *17*(3), 358-359.
9. Yencha, M. W. (2001). Head and neck pilomatricoma in the pediatric age group: a retrospective study and literature review. *International journal of pediatric otorhinolaryngology*, *57*(2), 123-128.
10. Aissaoui, M., Doss, N., & Bouzaiene, A. (1995). Cas pour diagnostic (pilomatricome). *Ann Dermatol Venereol*, *122*, 797-8.