

Pilomatrixoma of the Arm in a Child: A Rare Localization

Case Report

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Abstract

Pilomatrixoma mummified epithelioma of Malherbe, is a skin tumor, benign and rare. It is most commonly seen in the head and neck areas, during the first two decades of life. We report a 8-year-old child with a rare localisation of pilomatrixoma in the right arm. The pilomatrixoma was excised and at one year follow-up there has been no evidence of recurrence.

Introduction

Pilomatrixoma or mummified epithelioma of Malherbe is a skin tumor, benign, rare, whose frequency is less than 2% of all primary tumors of the skin. It is a tumor of the young subject of less than 20 years old. The most frequent locations are the head and the neck, the localization at the level of the limbs are main exceptional.

Case Report

We report the case of an 8-year-old patient who was seen for a tumor of the external edge of the right arm, evolving for 6 months. The clinical examination revealed a tumor of three centimeters in diameter, hard, painless, adherent to the skin but mobile from the deep plane. The skin was normal (Figure 1). The radiography of the arm showed a calcification of the soft tissues. The child had undergone total excision of the tumor under local anesthesia. The tumor nodule was encapsulated, indurated, measuring three centimeters of major axis. The anatomopathological study confirmed the diagnosis of pilomatrixoma (Figure 2). At one year of follow-up, no recurrence was noted.

Discussion

Originally described in 1881 by Malherbe and Chenantais, as a benign, calcified tumor of the sebaceous glands, the mummified epithelioma of Malherbe or pilomatrixoma was confirmed later by Forbis and Helwing [1]. In its typical form, the pilomatrixoma

is clinically translated by a small subcutaneous nodule, solitary, asymptomatic some times painful, and willingly affecting the woman with a sex ratio of 3/2. It occurs mainly during the first two decades of life, rarely beyond [1]. The usual locations are the neck and the head [1, 2] only some exceptional isolated locations in the limbs as the case of our patient have been reported in the literature [3, 4]. Several clinical forms have been described in pilomatrixoma, including familial form often associated with systemic diseases such as myotonic dystrophy [5].

In our patient, the skin was normal. However, there is an ectodermal form where the skin is flaccid, consequence of a compression of the skin by the tumor resulting in the disappearance of the elastic fibers [6, 7]. The evolution can be towards the ulceration and can pose a problem of differential diagnosis with cutaneous carcinoma.

Standard radiography is useful only when there is suspicion of a pilomatrixoma when it is significantly calcified as is the case in our patient [8].

In all cases, the diagnostic confirmation is histological. This will also eliminate other differential diagnoses, mainly squamous and pilar cysts but especially the malignant pilomatrixoma or trichomatrixoma whose more aggressive. The immunohistochemical study can facilitate this distinction. The carcinoma to us degeneration of the pilomatrixoma remains controversial [2, 9]. The prognosis of the pilomatrixoma is generally good. Healing without recurrence is the rule after total surgical excision [6, 10].

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Figure 1. Pilomatricoma.**Figure 2. A structureless eosinophilic cells lacking nuclei called shadow cells with areas of calcification.**

Conclusion

Pilomatricoma is a benign tumor, from the hair matrix, very rare in children. The location in the members remains exceptional. The histological diagnosis will eliminate a malignant pilomatricoma. The treatment is surgical excision to avoid any recurrence.

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