Rare entity of skin matrix tumor on the earlobe - Case report

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Introduction:
Skin matrix tumors are rare tumors in the ENT area. In particular, the preoperative differentiation of benign from malignant neoplasms plays a significant role in the extent of surgical excision.

Case:
A 65-year-old female patient presented with initial painless, then suddenly increasing painful retrolobular swelling, about 1.5 cm. An incision of the mass was already performed alio loco on suspicion of an infected atheroma. Anamnestic consisted of a condition after otoclisis operation in childhood. Under the clinical suspicion of sebaceous cyst (Fadengranuloma), there was no photo documentation of the case. After excision of the mass in toto histologically a pilomatricoma could be secured. After long-term observation of 2 years, there was no recurrence.

Discussion:
First description of the pilomatricoma was in 1880 as sebaceous gland’s neoplasm or epithelioma calcification. The term Pilomatrixoma was proposed in 1961 to emphasize the lesion origin. It's presentation variate between months to years before the diagnosis as slow-growing firm cutaneous & subcutaneous with calcified lesions of the upper extremities and specially the head & neck area.

The highest incidence founded in children and females patients. The pilomatrixoma (synonyma: epithelioma calcificans Malherbe) with it's different morphology lead to many reported misdiagnoses such as: Angioma, neurofibroma, lymphadenitis, sebaceous dermoid or epidermoid cyst, malignant melanoma and adenoid cystic carcinoma of minor salivary glands. The cases of preauricular localization were mostly preoperative first diagnosed as a parotid tumor. It can also involve multiple areas. Malignant transformations are very rare and is common among elderly male patients.

In the literature review in pubmed (1989-2018) there were 78 reported cases of pilomatrixoma. Of these, 43 cases were localized preauricularly. Only 46.5% (20/43) of them were correct diagnosed preoperative.

The diagnosed method included fine-needle aspiration cytology (FNAC), cone-beam computer tomography (CBCT), ultrasonography and MRI. Histological examination is the best diagnostic method. The typical histological findings are well circumscribed nodule-cystic tumor, witch surrounded by irregular epithelial cells island and connective tissue. The ghost cells is central founded & surrounded by basaloid cells (Figure 1).

Complete surgical excision showed very good prognoses without recurrence.

Summary:
The Pilomatrixoma is a rare benign neoplasm of the hair follicle in the upper extremity, but can also appear as a palpable painless swelling in the head and neck area. The clinical, as well as morphological differentiation of this tumor entity from other malignant lesions, is difficult in many cases, especially as they can often be impressed as parotid tumors in the case of frequent preauricular localization. Malignant transformation of pilomatrixomas is rare.

Literatur: beim Verfasser