PRACTICAL DERMOSCOPY

A Shiny Purple Nodule on the Forehead

Nódulo de color púrpura brillante en la frente

Case presentation

An 82-year-old male, Fitzpatrick phototype III, presented to the Dermatology outpatient clinic for a 3-month evolution of an asymptomatic purple nodule on his left supraorbital region. Physical examination disclosed a 0.9 cm × 1 cm nodular, well-defined, purple tumor (Fig. 1).

Dermoscopy of the lesion (Fig. 2)

Figure 1 Solitary left supraciliary purple nodule.

Comment

Dermoscopic evaluation revealed white/yellow homogenous areas on a blue-violaceous background, as well as linear irregular vessels. Histopathological exam disclosed the presence of solid nests of basaloid cells with abrupt trichilemmal-type keratinization and ghost cells, confirming the diagnosis of pilomatrixoma.
Pilomatrixoma is a benign soft tissue tumor that originates from the follicular matrix of hair and is also known as Malherbe’s calcified epithelioma, due to its tendency toward calcification.¹ It usually presents as a single, solid, deep subcutaneous or dermal mass, often on the head or neck.² There are two incidence peaks, the first in children and adolescents, and a second smaller peak, in older individuals, usually 50–60 years-old.³ Skin lesions are often blue or red in color.¹,³ Due to the wide variety of possible clinical findings, clinical misdiagnosis is frequent.¹ Common histological features include basaloid cell, calcifications, and ghost cells. Histological subtypes include giant (>5 cm in diameter), anetodermic, proliferating and perforating pilomatrixomas.⁴ The most frequent dermoscopic findings are the white-yellow homogenous areas, irregularly shaped and distributed, that on histology correspond to calcification; white streaks; reddish homogenous areas and vessels, most often hairpin or linear and irregular.⁴ Additional findings include ulceration, dotted vessels, and structureless blue-gray areas. Specific dermoscopic criteria for melanocytic or nonmelanocytic tumors are absent.² Although the presence of the criteria mentioned above may suggest the diagnosis of pilomatrixoma, histopathological exam remains essential for confirmation.¹

Conflict of interest

The authors declare that they have no conflict of interest.

References


A. Gusmão Palmeiro a, R. Sampaio b, A. Miroux-Catarino b

a Dermatology Department, Hospital de Egas Moniz, Lisboa, Portugal

b Pathology Department, Pathological Anatomy Service, Hospital de Egas Moniz, Lisboa, Portugal

* Corresponding author.

E-mail address: apgalmeiro@gmail.com

(A. Gusmão Palmeiro).