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)

What is your diagnosis?

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.

Figure 1 Solitary left supraciliary purple nodule.

Figure 2 Dermoscopy of the lesion.
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**


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