



CASE STUDY

PILOMATRIX CARCINOMA: A RARE RECURRENT SKIN TUMOUR

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ABSTRACT

Pilomatrix carcinoma is the rare malignant counterpart of pilomatrixoma, a skin adnexal tumour arising from hair matrix cells that arises either as malignant transformation of pilomatrixioma or as de novo. Pilomatrixoma was first thought of having a sebaceous gland origin but was later found to originate from hair matrix cells. They are slow growing tumours, found in the lower dermis and subcutaneous fat and are predominantly found in the neck and the scalp region. They are rare tumours with 90 cases reported so far.

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INTRODUCTION

Pilomatrix carcinoma is the rare malignant counterpart of pilomatrixoma, a skin adnexal tumour arising from hair matrix cells that arises either as malignant transformation of pilomatrixioma or as de novo. Pilomatrixoma was first thought of having a sebaceous gland origin but was later found to originate from hair matrix cells. They are slow growing tumours, found in the lower dermis and subcutaneous fat and are predominantly found in the neck and the scalp region. (Figure 1) They are rare tumours with 90 cases reported so far, (Aherne *et al.*, 2008). Histological features are presence of hyperchromatic, vesicular basaloid cells with numerous mitoses and infiltration into adjacent tissue or blood vessels. They are characterized by sheets and islands of proliferating atypical basaloid cells with an infiltrating border, (Lopansri and Mihm, 1980). (Figure 2) Pilomatrix carcinomas are locally aggressive tumours which have a propensity for recurrence, especially if incompletely excised, (Aherne *et al.*, 2008). A recurrence rate of 59% has been reported after 5 - 17 months of surgical excision, (Sau *et al.*, 1993). Wide excision is the treatment of choice with 1 to 2 cm margin considered sufficient. Radiation therapy should be considered in recurrent disease or in presence of residual macroscopic disease. In recurrent pilomatrix carcinoma, no chemotherapy regimen has been demonstrated to provide local control or to stop metastatic

spread, (Aherne *et al.*, 2008). Presented in this case are the images of a pilomatrix carcinoma that recurred within 2 months of previous inadequate excision.

Learning points

- Pilomatrix carcinoma is a locally invasive skin adnexal tumour with about 60 % propensity to recur.
- Wide local excision with a 1 to 2 cm margin is the treatment of choice. Role of radiotherapy is unclear. Chemotherapy is used in metastatic disease with unequivocal results
- This diagnosis should always be considered in the differential of any recurrent skin lesion with locally invasive behavior.



Figure 1. 2 x 3 cm ulcerative lesion on the occipital region with everted edges

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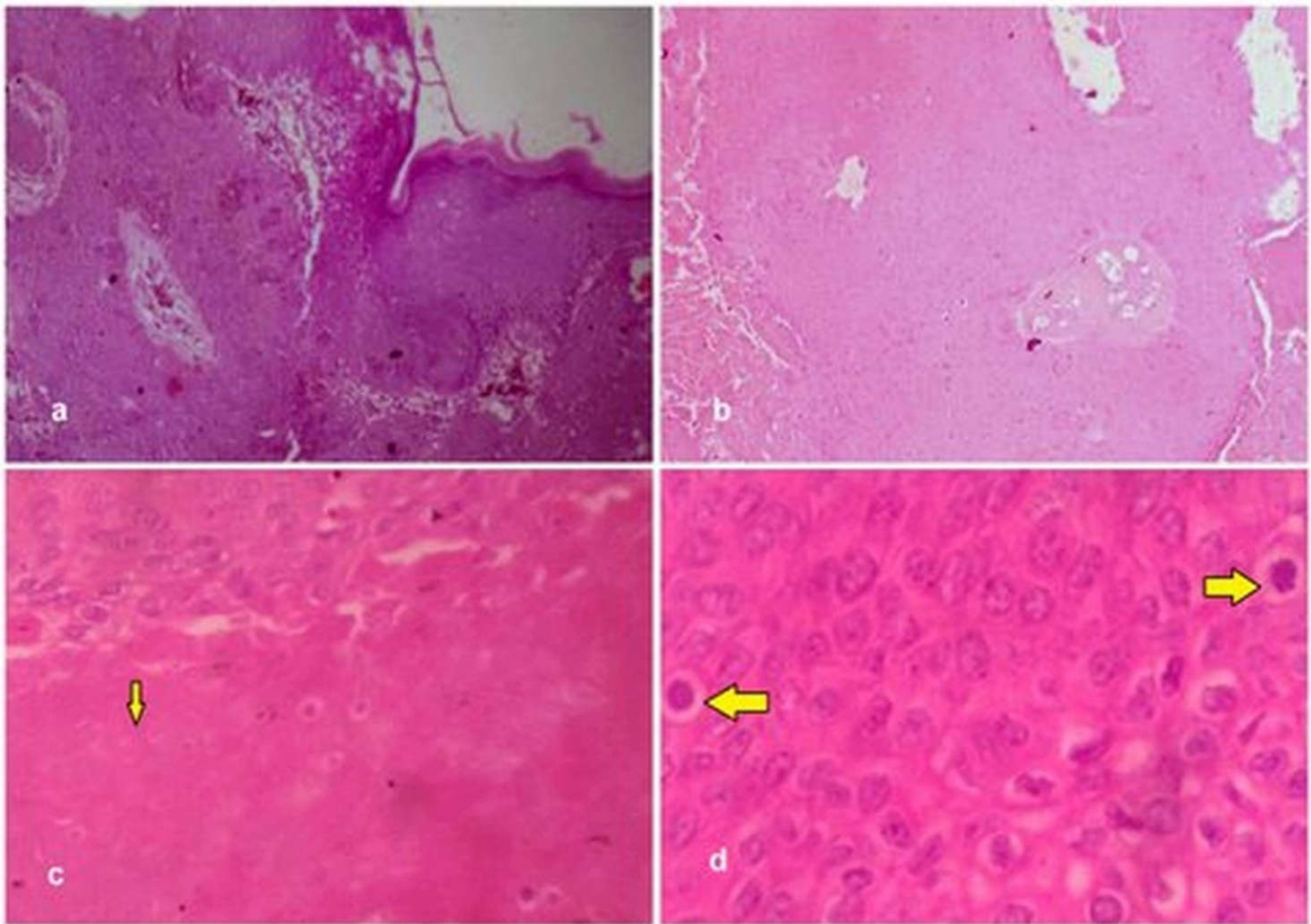


Figure 2. The presence of hyperchromatic, vesicular basaloid cells with numerous mitoses and infiltration into blood vessels

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