

Multiple piloleiomyomas

Salwa Mejri¹, Salsabil Attafi Sahli², Sana Bouchouicha¹

¹Department of Dermatology, Regional Hospital of Menzel Bourguiba, Menzel Bourguiba, Tunisia, ²Department of Pathology, Regional Hospital of Menzel Bourguiba, Menzel Bourguiba, Tunisia

Corresponding author: Dr. Salsabil Attafi Sahli, E-mail: sehlsalsabil@hotmail.com

Sir,

Cutaneous leiomyomas (CL), also referred to as leiomyomas cutis, are an uncommon benign tumor of smooth muscle origin [1,2]. They may be sporadic or inherited occurring as a part of Reed's syndrom or the hereditary leiomyomatosis and renal cell cancer syndrom [2,3]. The skin is the second commonest location for leiomyomas representing approximately 75% of extra-uterine leiomyomas [4,5]. According to the smooth muscle of origin and the clinicopathological characteristics, CL are classified as pilar or piloleiomyoma (PL), angioleiomyomas and genital leiomyomas [1-6]. PL derive from the arrector pili muscle. They represent the most common type of CL [5,7].

We report the case of multiple PL in a 61 year-old woman with no medical history. She presented with firm, pink-red and painful papulo-nodular lesions with a zosteriform disposition. The lesions were evolving for 10 years, measuring between 1mm and 5mm and sitting in the back and extremities (Fig. 1). The patient had a surgical excision of one nodule. The histological examination showed a non-encapsulated tumor arranged in interlacing bundles of smooth muscle fibers admixed with collagen in the upper dermis. There were neither vascular component nor myxoid or cystic changes. The tumor cells stained positively against smooth muscle actin. The S100 protein was negative. The diagnosis of multiple piloleiomyomas was retained. The patient was treated medically with nifedipine associated to cold prevention. The clinical course showed amelioration of the symptoms and especially a pain relief.

CL are rare representing almost 5% of all leiomyomas [4]. Literature concerning the pilar subtype of CL is

scant and generally limited to case reports or non-standardized studies of limited number [1,5].

PL may be solitar or multiple. They appear preferentially in adulthood but they may occur in any age [4]. The sex distribution is not clear [2,4,5] but according to some studies [2], multiple PL occur preferentially in young male patients aged between 10 and 30 years. Contrary, solitary PL appear usually later than their multiple counterparts, especially in women [2]. Unlike, our patient is an elderly women. The lesions had appeared at the sixth decade and the diagnosis of multiple cutaneous piloleiomyomas was retained ten years later.

The distribution of multiple lesions is variable. They are often situated around Blaschko's lines, linear, segmental, and zosteriform variants have been also described [5].

PL are typically firm, red-brown to flesh-colored papulonodules, measuring between 3 mm and 20 mm, located on the trunk or extremities [5].

The most important clinical symptom of CL is pain, present in almost 90% of cases. It can be provoked by cold, contact, pressure or emotion [5].

The presence of multiple CL can be associated with hereditary leiomyomatosis and renal cell cancer (HLRCC) [3,5].

The differential diagnosis includes other painful skin tumors such as neurilemmoma, angioliipoma, glomus tumor, neuroma and granular cell tumor. Histologically, it may be confused with other CL (angioleiomyoma and genital leiomyoma), cutaneous neurofibromas

How to cite this article: Mejri S, Attafi Sahli S, Bouchouicha S. Multiple piloleiomyomas. Our Dermatol Online. 2017;8(4):509-510.

Submission: 25.01.2016; **Acceptance:** 17.04.2017

DOI:10.7241/ourd.20174.148



Figure 1: Multiple papulo-nodular lesions with a zosteriform disposition.

which are not painful and stains positively with S100 protein [2,4,5].

Surgical excision is the treatment of choice for isolated PL or those in limited number [4-6]. For multiple lesions, several treatment modalities have been employed such as ablative, topical, or systemic treatments with no evidence on their efficacy [5-7].

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Source of Support: Nil, **Conflict of Interest:** None declared.