

Pilomatrixoma arising from nevus sebaceous

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Sir,

Sebaceous nevus (SN) is a benign congenital hamartoma due to abnormalities of the epidermis, sebaceous glands, apocrine glands, and hair follicles.

Clinically, it presents as a sharply circumscribed yellowish-orange hairless plaque that is usually located solitarily linear in configuration and mainly situated on the face and scalp. It is often sporadic cases but familial ones have been reported [1].

The natural history of sebaceous nevus is traditionally divided into 3 evolutionary stages.

The childhood stage is characterized by a quiescent waxy yellow plaque and underdevelopment of the hairs and sebaceous glands.

During the puberty stage, lesions become gradually elevated, verrucous, or nodular. Histologically, masses of hypertrophic sebaceous glands with papillomatosis and hyperkeratosis of the overlying epidermis occur.

The neoplastic phase, complicating the development of benign or malignant tumors can be seen arising from the NS usually in late adult life [1].

The secondary neoplasms include syringocystadenoma papilliferum (SCAP), trichoblastoma, trichilemmoma, apocrine cystadenoma, trichilemmal cysts, basal cell carcinoma, sebaceous carcinoma, squamous cell carcinoma. The most common ones are trichoblastoma and SCAP. However, malignant neoplasms are uncommon, and BCC is the most frequent one [2].

A study concluded that trichoblastomas and trichilemmomas were the two most frequent secondary

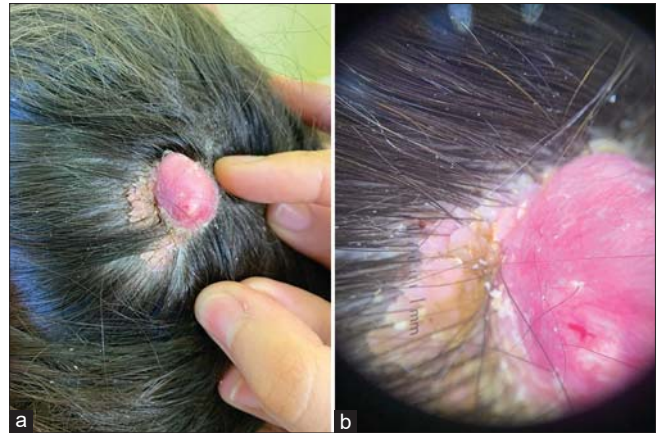


Figure 1: (a) Clinical image showing a yellowish filiform verrucous plaque roughly oval measuring 3 cm in long axis surmounted by a well-limited round erythematous nodule of firm consistency measuring 3 cm in diameter. (b) Dermoscopy showed irregular linear vascularization with an erythematous background.

neoplasms [3]. However, pilomatrixoma was not reported. Even in other large series of sebaceous nevus, there were no records of it associated with sebaceous nevus [4]. We describe a unique case of a pilomatrixoma arising from sebaceous nevus.

A 15-year-old child who presented since birth with a yellowish lesion surmounted by a nodule progressively increasing in size which motivated her consultation.

Clinical examination found a yellowish filiform verrucous plaque roughly oval measuring 3 cm in long axis surmounted by a well-limited round erythematous nodule of firm consistency measuring 3 cm in diameter (Fig. 1a). Dermoscopy showed irregular linear vascularization with an erythematous background (Fig. 1b). Chirurgical excision confirmed a sebaceous nevus complicated with pilomatrixoma.

How to cite this article: Couissi I, Douhi Z, Fajri Z, Soughi M, El Loudi S, BayBay H, Mernissi FZ. Pilomatrixoma arising from nevus sebaceous. Our Dermatol Online. 2023;14(e):e31.

Submission: 31.10.2022; **Acceptance:** 23.02.2023

DOI: 10.7241/ourd.2023e.31

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

REFERENCES

1. Kuentz P, St-Onge J, Duffourd Y. Molecular diagnosis of PIK3CA-related overgrowth spectrum in 162 patients and recommendations

for genetic testing. *Genet Med.* 2017;19:989-97.

2. Lallas A, Moscarella E, Argenziano G. Dermoscopy of uncommon skin tumors. *Australas J Dermatol.* 2014;55:53–62.
3. Alarcon I, Malveyh J, Puig S. Rapidly growing nodule on the cheek of a 12-year-old boy. *J Am Acad Dermatol.* 2014; 70:e11–3.
4. Ayhan E, Ertugay O, Gundogdu R. Three different dermoscopic views of three new cases with pilomatixoma. *Int J Trichology.* 2014;6:21–2.

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Source of Support: This article has no funding source.

Conflict of Interest: The authors have no conflict of interest to declare.