Single, soft, red-purple nodulocystic lesion on the arm

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A 13-year-old boy presented with a red, translucent, protruding soft nodular mass on the arm. The lesion had been present for 5-6 months and had grown progressively, in last 2 months. The overlying skin appeared slightly erythematous and presented telangiectasies, determining the red coloration of the nodule (Fig. 1). The lesion was soft to the touch and extremely mobile, the skin around the lesion was normal in consistency and color. Thorough palpation revealed the presence in depth, within the derma, of a nodular lesion with irregular limits. There was no history of any particular local trauma or chronic irritation at the site of the lesion. There was no regional lymphoadenopathy. Systemic examination was normal. Histopathological examination showed dermal mass surrounded by fibrous tissue and formed of islands of basaliod and shadow cells. The dermis above the mass shows dilated lymphatics and capillaries in addition to perivascular inflammatory infiltrate formed of lymphocytes and histiocytes (Fig. 2).

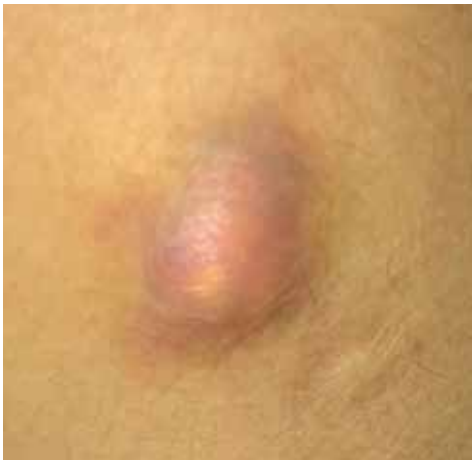

Fig. 1 Single, soft, red-purple nodulocystic lesion on the arm.

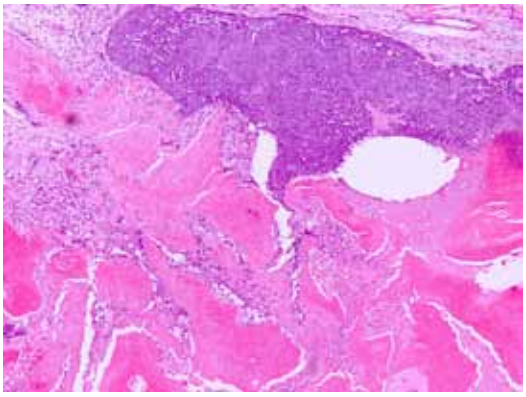

Fig. 2 Islands of basaliod and shadow cells.

What is the clinical diagnosis?

1. Bullous insect bite reaction
2. Bullous pilomatricoma
3. Epidermal cyst
4. Leiomyoma

DIAGNOSIS

Bullous pilomatricoma

The bullous form of pilomatricoma[1] is clinically characterized by a soft, heavily folded, striae-like skin appearance and focal loss of elastic fibres in the dermis above the pilomatricoma, mimicking secondary anetoderma.[3-5] The incidence of pilomatricoma with a bullous appearance is

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estimated to range between 3% and 6%, according to cases reported in the literature.[2,3,5,6] The bullous appearance is attributed to lymphatic obstruction, and it has been postulated that the pressure on the area around the hard core of the pilomatricoma induces the obstruction of lymphatic vessels and congestion of lymphatic fluid. This results in the dilation of lymphatic vessels, the leakage of lymphatic fluid, and oedema in the dermis surrounding the tumour, producing a bullous appearance.[2,6]

Like classical pilomatricoma, since this form does not regress spontaneously, surgical excision is the treatment of choice because recurrence is rare. Although malignant transformation has been described, it is exceedingly rare.[7]

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