

# Breast Pilomatricoma: A Rare Case Report

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## Highlights:

Pilomatricoma, breast, hystology, tumerectomy

**Abstract:** *Pilomatricoma, formerly called calcified epithelioma of Malherbe, is a rare benign skin tumor, developed from the cells of the hair matrix. A 42 years old woman was referred for a breast mass. Ultrasound confirmed the presence of this lesion and classified it ACR4a Tumerectomy was performed Histological examination of the surgical pieces was consistent with Pilomatricoma.*

## Introduction:

Pilomatricoma, formerly called calcified epithelioma of Malherbe, is a rare benign skin tumor, developed from the cells of the hair matrix

The usual locations are the head and neck. (1)

It presents as a hard and mobile subcutaneous mass. (1)

Pilomatricoma is common in children especially girls. (1)

We are treating a case of a patient with an unusual breast location.

## Case report :

A 42 years old woman coming from a rural area in Morocco was referred for a breast mass.

No risk factors for breast tumor were detected in this patient

A breast examination revealed a hard subcutaneous nodule of 3cm in the infero-internal quadrant of the left breast

No abnormality was detected on systemic and gynecological examination.

Ultrasound confirmed the presence of this lesion and classified it ACR4a

We decided to perform a tumorectomy ( figure 1)

Histological examination of the surgical pieces was consistent with Pilomatricoma.

One year after the surgical intervention, the physical examination and breast ultrasonography were satisfying.

## Discussion:

Pilomatricoma presents as an asymptomatic round or irregular oval subcutaneous nodule with a firm consistency.

It is more common in women in the majority of the series published with a sex ratio of 1.5

It is usually a single tumor. However, some patients develop several pilomatricomas simultaneously or successively (2)

The tumor adheres to the superficial plane, while it is mobile in relation to the deep planes. The tent sign described by Graham and Meruim is very suggestive of the diagnosis [4].

Pilomatricoma can take different clinical forms and be perforating, ulcerated, anetodermal with erythematous skin next to the lesion or pigmented.

The diagnosis of pilomatricoma must remain clinical, confirmed by histology which makes it possible to rule out certain differential diagnoses, mainly epidermoid and pilar cysts but especially malignant pilomatricoma

Histological study facilitates the diagnosis, however, some authors have proposed additional imaging tests such as ultrasound to aid in the diagnosis (3).

The treatment is a surgical excision removing a skin spindle, especially if the lesion is adherent to the dermis. This is the standard treatment to prevent the majority of recurrences (5)

The prognosis is good. Healing without recurrence is the rule after total surgical excision.

**Conclusion:**

Pilomatricoma is a benign tumor that should not be overlooked. The breasts localization remains quite rare.

The diagnosis of pilomatricoma must remain clinical, confirmed by histology

Surgical excision with healthy limits is the only guarantee of definitive cure without recurrence (6).

**Iconography:**



Figure 1: picture showing the breast tumor after lumpectomy

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