

Calcifying Epithelioma of Malherbe A Diagnostic Challenge on FNAC

Kuldeep Singh, Satish Sharma*, M. Bargetra, V. K. Dubey

Abstract

Pilomatrixoma or calcifying epithelioma of Malherbe is one of benign adenexal tumors of the skin. It occurs in all the age groups with common locations in the head and neck region. Fine needle aspiration cytology has a challenge in the diagnosis of these tumors. We report a similar case of calcifying epithelioma.

Key Words

Pilomatrixoma, FNAC

Introduction

Pilomatrixoma or calcifying epithelioma of Malherbe is a benign tumor with differentiation towards hair cells. It manifests as a slow growing firm deep seated nodule covered by the normal skin. It occurs usually as solitary lesion varying in size from 0.5 to 3cm (1-3). A rare malignant variety has been reported.

Case Report

A 46 year old female presented with a slow growing swelling of longstanding duration on right side of the neck. Routine hematological investigations and x-ray chest were normal. The patient was advised fine needle aspiration cytology prior to surgery.

Cytology showed dense masses of basal cells with mild pleomorphism and poor cell definition, partially necrotic masses and squamous cells with a suspicion of malignancy and possibility of skin appendageal

tumor- Pilomatrixoma (Fig1). Patient was advised surgical biopsy. Histopathological examination confirmed diagnosis of Pilomatrixoma showing collection of two types of cells with foci of necrosis and calcifying debris (Fig. 2).



Fig 1. Calcifying epithelioma of Malherbe showing basal cells, necrotic and calcifying debris in inflammatory background. FNAC (100X).

From the Departments of Pathology and *Surgery, Government Medical College, Jammu (J&K) India.

Correspondence to : Dr. Kuldeep Singh D3, Medical Enclave, Jammu (J&K) India.

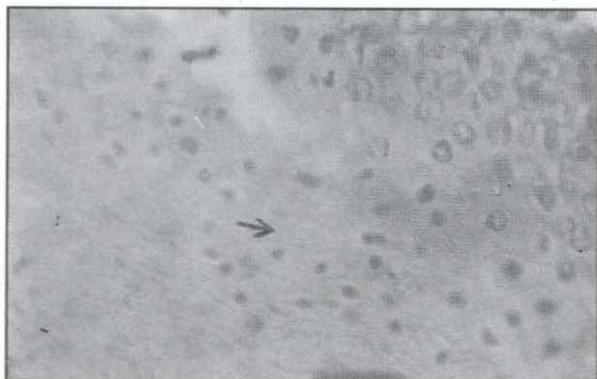


Fig 2. Basaloid epithelial cells along with (arrow) 'Ghost' cells in a case of Pilomatrixoma H&E stain (High Power)

Discussion

Pilomatrixoma also known as the calcifying epithelioma of Malherbe is a common benign skin tumor often diagnosed correctly on histopathological examination. Aspiration cytology of these tumors has its own pitfalls with collection of the giant cells, squamous cells, basal cells and the ghosts or the shadow cells raising a suspicion of the malignancy (4-6).

Management only on the basis of FNAC could lead to unwarranted treatment to the patient thus increasing the morbidity. Histopathological examination however is the mainstay in the correct diagnosis of these tumors. The presence of basaloid cells, ghost cells, degenerated squamous cells and scattered calcification in presence of the inflammatory background justify the diagnosis of Pilomatrixoma on fine needle aspiration cytology.

References

1. Solanki P, Ramzys, Durm *et al.* Pilomatrixoma. *Arch Pathol* 1987 ; 11 : 294-97.
2. Forbis JR, Helwig EB. Pilomatrixoma (calcifying epithelioma). *Arch Dermatol* 1961 ; 183 : 606-18.
3. Mohelenbeck F. Pilomatrixoma (calcifying epithelioma). *Arch Dermatol* 1973 ; 108 : 532-34.
4. Lopansri S, Mihm MC Jr. Pilomatrixoma carcinoma or calcifying epithelioma carcinoma of Malherbe. *Cancer* 1980 ; 45 : 2368.
5. Woyke S, Obszewski, Eichelkrant. Pilomatrixoma- A pitfall in aspiration cytology of the skin tumor. *Acta Cyto* 1982 ; 126 : 189-94.
6. Ortis J, Garcia MC, Abad M. Pilomatrixoma. A description of two cases diagnosed on fine needle aspiration. *Diagnos cytopathol* 1995 ; 12 : 155-57.



Products :

- Syp. **FAROCID**
- Cap. & Syp. **LYRONE**
- Cap. **XEROCID (20)**
- Tab. **KALICET**
- Tab. **FAMONAC-MR**
- Tab. **CIFROX (500)**

For further details please contact :

M/S MEGHA-POOJA MEDICAL AGENCIES (C&F)
F/17, Shiv Nagar behind A. G. Office, Jammu, J&K.

Stockist : Bee Kay & Co.
Raghunath Bazar, Jammu, J&K.