Atypical piloleiomyoma of the face presenting with central ulceration

Alessandro Pileri, Pier Luigi Ghetti, Iria Neri, Beatrice Raone, Selena Ciabatti, Camilla Reggiani, Annalisa Patrizi
Department of Internal Medicine, Geriatrics and Nephrology, Division of Dermatology, University of Bologna, Italy

Abstract

Piloleimyoma is a type of cutaneous leiomyoma arising from arrectores pilorum. It can present as either a solitary nodule or multiple lesions. Usually it is localized on the extremities, but can also occur on trunk, neck area and face. Lesions are usually cold, ulcerated and spontaneously painful. Herein we report a case of piloleiomyoma with cytological atypia that was painless despite the presence of central ulceration.

Case Report

In November 2006, a 23-year-old woman referred to the Department of Dermatology of Bologna University with a two-month-history of a softy painless nodule located on the right cheek (Figure 1). Physical examination revealed a yellowish lesion that showed a central ulceration measuring 2 cm across and infiltrating the sub-cutis. Based on macroscopic, histological and phenotypic findings, a diagnosis of atypical piloleiomyoma was made. The lesion was surgically removed: its examination confirmed the diagnosis. At four-year-follow up, the patient is alive and well with no sign of disease.

Discussion

Cutaneous leiomyomas, first described in 1854 by Rudolf Virchow, are benign, smooth-muscle tumours. In particular, piloleiomyoma arises from the arrectores pilorum of the skin. It more often presents as a solitary, non-ulcerated, painful nodule. Microscopically, it corresponds to a non-encapsulated lesion, consisting of bland, interwoven fusiform cells with a central small nucleus. So far, cellular atypia has been reported only by Harford et al. in a case that is somewhat reminiscent of our own observation. In particular, the present case confirms that, like leiomyomas of other anatomic sites, piloleiomyoma can at times be provided with features of cellular atypia, a fact that suggests to periodically follow-up the patient because of the risk, although low, of recurrences. Interestingly, our patient has so far remained in complete remission, a finding that is of interest since no information on the clinical outcome was provided by Harford and co-workers. In addition, our case unusually presented with an ulcerative lesion in the absence of spontaneous or evoked pain. This along with the anamnestic data initially led to suspect cutaneous Leishmaniasis. It was the biopsy which allowed the correct diagnosis that was validated by immunohistochemistry. Based on our observation, we think that clinicians should consider atypical leiomyoma in case of a non-healing ulcer with bizarre clinical features.

References


Correspondence: Alessandro Pileri, Department of Internal Medicine, Aging and Nephrological diseases, Division of Dermatology, University of Bologna, Via Massarenti 1, Bologna, Italy. Tel. +39.051.636.3475 - Fax: +39.051.636.3920. E-mail: alessandropileri@hotmail.it

Key words: piloleiomyoma, surgical excision, immunohistochemistry.