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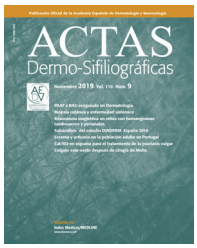

PRACTICAL DERMOSCOPY

# A Shiny Purple Nodule on the Forehead

## Nódulo de color púrpura brillante en la frente

## Case presentation

An 82-year-old male, Fitzpatrick phototype III, presented to the Dermatology outpatient clinic for a 3-month evolution of an asymptomatic purple nodule on his left supraorbital region. Physical examination disclosed a 0.9 cm × 1 cm nodular, well-defined, purple tumor (Fig. 1).


Figure 1 Solitary left supracilliary purple nodule.

## Dermoscopy of the lesion (Fig. 2)

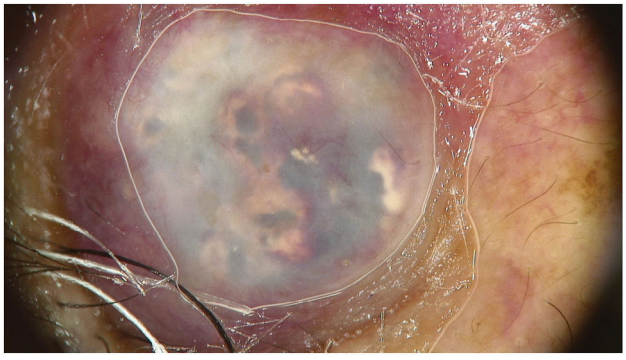

Figure 2 Dermoscopy of the lesion.

**What is your diagnosis?**

## Comment

Dermoscopic evaluation revealed white/yellow homogenous areas on a blue-violaceous background, as well as linear irregular vessels. Histopathological exam disclosed the presence of solid nests of basaloid cells with abrupt trichilemmal-type keratinization and ghost cells, confirming the diagnosis of pilomatrixoma.

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Pilomatrixoma is a benign soft tissue tumor that originates from the follicular matrix of hair and is also known as Malherbe's calcified epithelioma, due to its tendency toward calcification.[1] It usually presents as a single, solid, deep subcutaneous or dermal mass, often on the head or neck.[2] There are two incidence peaks, the first in children and adolescents, and a second smaller peak, in older individuals, usually 50–60 years-old.[3] Skin lesions are often blue or red in color.[1,3] Due to the wide variety of possible clinical findings, clinical misdiagnosis is frequent.[1] Common histological features include basaloid cell, calcifications, and ghost cells. Histological subtypes include giant (>5 cm in diameter), anetodermic, proliferating and perforating pilomatrixomas.[4]

The most frequent dermoscopic findings are the white-yellow homogenous areas, irregularly shaped and distributed, that on histology correspond to calcification; white streaks; reddish homogenous areas and vessels, most often hairpin or linear and irregular.[2] Additional findings include ulceration, dotted vessels, and structureless blue-gray areas. Specific dermoscopic criteria for melanocytic or nonmelanocytic tumors are absent.[2] Although the presence of the criteria mentioned above may suggest the diagnosis of pilomatrixoma, histopathological exam remains essential for confirmation.[1]

## Conflict of interest

The authors declare that they have no conflict of interest.

## References

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