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CONGENITAL CIRCUMSCRIBED BASALOID FOLLICULAR HAMARTOMA

Ingravallo G.
Department of "Anatomia Patologica", A. Moro University, Bari, Italy

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Case report. A 45-day-old baby was first examined due to a nodule in the left cheek. The baby was born full term and in good condition. The nodule was present since birth and had not undergone changes. Physical examination showed a 6 mm nodule on the line joining the tragus with the lip comissure, slightly more colored than the surrounding skin, sessile, with a smooth surface, painless and with a hard elastic consistency (Fig. 1). We hypothesized an embryonic residue of the branchial arch; ultrasound excluded underlying fistulous tracts. The nodule was removed under local anesthesia. Histological examination showed strands of basaloid cells in the superficial dermis connected with the hair follicles (Fig.

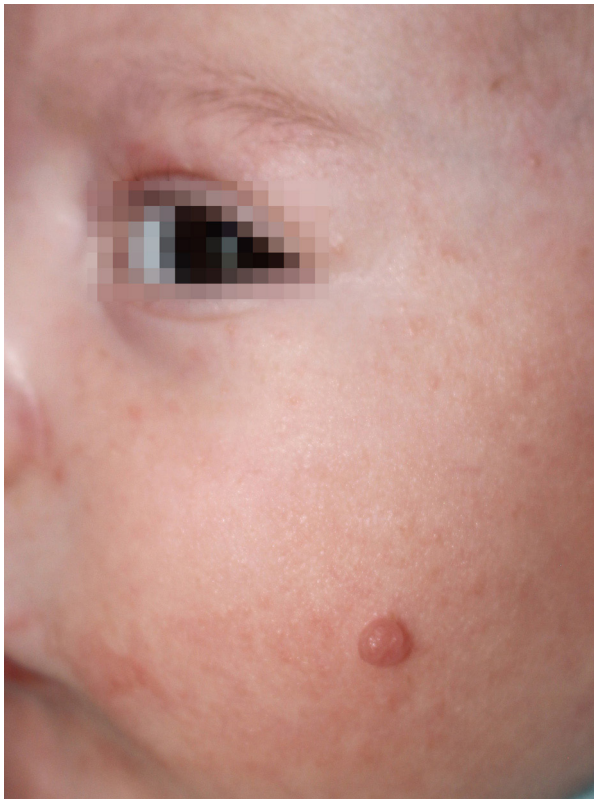

Fig. 1

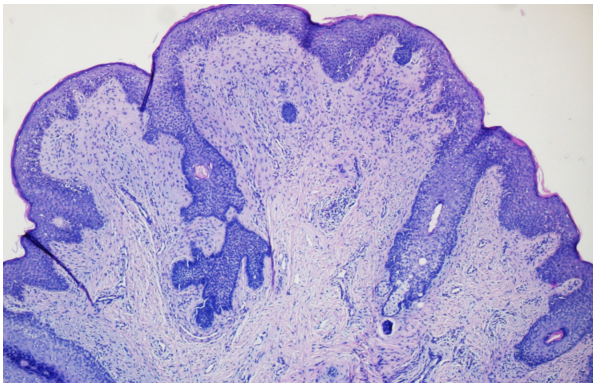

Fig. 2

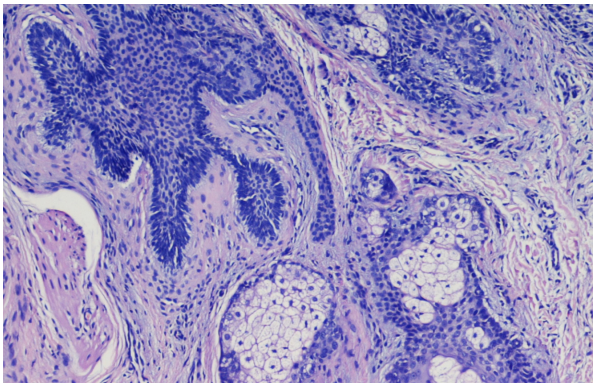

Fig. 3

Fig. 1, 2, 3: 45-day-old child with congenital left cheek tumor; the histological examination (Fig. 2, H&E, 10x; Fig. 3, H&E, 40x) shows islets of basaloid cells connected with the hair follicles and immersed in a loose connective stroma.

2, H&E, 10x) and immersed in a loose connective stroma; there were no clefts between the strands and the stroma, nor mitosis (Fig. 3, H&E 40x). The Ki-67 index was 1% and the accompanying vessels were CD34+. The final diagnosis was **basaloid follicular hamartoma**.

Discussion. **Basaloid follicular hamartoma** is characterized by well-defined pathological findings, consisting of strands of basaloid cells connected with the hair follicles and immersed in a concentric loose stroma. It differs from basal cell carcinoma for the absence of clefts between the neoformation and the stroma and for the lack of mitosis and nuclear atypia (2). On the other hand, the clinical features are extremely variable going from generalized forms with autosomal dominant transmission, often associated with skeletal malformations, to nevoid forms distributed along the lines of Blaschko, to congenital, as in our case, or acquired circumscribed lesions. The individual lesions have no clinical characteristics (1), as they may be papules, nodules, plaques or dyschromic lesions, so the diagnosis often comes from the histological examination.

Conflicts of interest

The Author declares that he has no conflicts of interest.

Address to:
Dr. Giuseppe Ingravallo
Department of "Anatomia Patologica"
A. Moro University
P.za G. Cesare, 11, Bari, Italy
e-mail: giuseppe.ingravallo@uniba.it

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