

## Symmetric Asymptomatic Plantar Nodules in an Infant

An 11-month-old girl presented with nodular lesions on the precalcaneal plantar surface of both heels. The right nodule was first detected by the 24th day of life, and the left nodule by the 4th month. They were increasing in parallel growth of her feet; there was no local pain. Her prenatal and family history was unremarkable.

Physical examination revealed 2 symmetrical, skin-colored, non-tender, mobile, and painless nodules, with 2.5-cm diameter each (Figure). Calcaneal ultrasound examination showed ill-defined, homogeneous, slightly hyperechoic lesions near the subcutaneous layer, measuring  $33 \times 22 \times 6$  mm (right foot) and  $24 \times 17 \times 5$  mm (left foot). The clinical diagnosis of precalcaneal congenital fibrolipomatous hamartomas (PCFH) was established, supported by the ultrasound assessment.

PCFH was first described in 1990 and since then few cases have been reported.<sup>1-3</sup> However, the incidence is underestimated.<sup>3</sup> Typically, these lesions are asymptomatic, single, and present since the first months of life. Although usually bilateral and symmetrical, they can also be unilateral.<sup>1-3</sup> PCFH usually occurs in otherwise healthy children and although mostly sporadic, it can also be hereditary.<sup>2,3</sup> The etiology and natural history of PCFH remain unclear.<sup>1-3</sup> Regression during infancy or persistence into adulthood have been described,<sup>1-3</sup> but no malignancy was reported.<sup>2</sup> The main differential diagnoses include plantar fibromatosis and piezogenic papules.<sup>1</sup> Other diagnoses such as congenital hemangioma, calcified nodules, nevus lipomatosus superficialis, congenital solitary histiocytoma, and focal dermal hypoplasia should be considered,<sup>1,2</sup> especially in unilateral lesions. In general, no biopsy or treatment is required.<sup>1-3</sup>

Precalcaneal congenital lipofibromatous hamartoma is an underestimated benign condition that can be diagnosed clinically. The clinical awareness and recognition of this disorder can avoid unnecessary complementary exams as well as relieve anxiety of parents. In case of unilateral plantar lesions, a closer monitoring is usually recommended. Ultrasound examination may be helpful to the differential diagnosis. ■

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### References

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**Figure.** Bilateral nodular lesions on the precalcaneal plantar heel surface in an 11-month-old girl (arrows).