

Blue isn't always a vessel: a pre-auricular neck lump

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A 4 year old presented with a 3 month history of a preauricular neck lump of increasing size. It started as a small blue spot that was occasionally tender. No other lesions were present and there were no airway concerns. She had remained well with no fevers or rigors and no one at home had been well. Examination revealed a mobile lump that was not adherent. Ultrasound scan showed a well circumscribed mass superficial to the parotid with peripheral vascularity raising the possibility of a vascular malformation. Differentials included atypical mycobacterium. After discussion a decision was made for excision. Histology confirmed a Pilotrixoma.

A 6 year old presented with a 6 month history of a neck mass in the posterior parotid, discoloured and mildly tender with a distinct punctum. It was thought to be an epidermal inclusion cyst. After excision histology confirmed a pilotrixoma with basaloid epithelial cells and prominent sheets of shadow cells.



Typically these lesions are thought to arise from the hair matrix. This case series illustrates firstly to avoid complications that can occur when the lesion erupts through the skin as they do not disappear by themselves and secondly to inform that rarely these lesions can become malignant (1) and are then known as a pilomatrix carcinoma. Therefore there is value in electing for surgical excision early.

Reference

1. Danielson-Cohen A et al. Head and Neck pilotrixoma in children. Arch Otolaryngol Head Neck Surg. 2001;127(12):1481-1483