



**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ЗАПОРІЗЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**

**НАУКОВЕ ТОВАРИСТВО СТУДЕНТІВ, АСПРАНТІВ, ДОКТОРАНТІВ І
МОЛОДИХ ВЧЕНИХ**

**ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
ВСЕУКРАЇНСЬКОЇ НАУКОВО-ПРАКТИЧНОЇ
КОНФЕРЕНЦІЇ СТУДЕНТІВ ТА МОЛОДИХ ВЧЕНИХ
«ДОСЯГНЕННЯ СУЧАСНОЇ МЕДИЧНОЇ ТА
ФАРМАЦЕВТИЧНОЇ НАУКИ – 2022»**

4 лютого 2022 року



ЗАПОРІЖЖЯ – 2022

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DIFFERENTIAL-DIAGNOSTIC TACTICS OF MANAGING PATIENTS WITH PROLIFERATING PILOMATRICOMA (CLINICAL CASE)

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Introduction. Proliferating pilomatricoma a rare neoplasm of the hair matrix can clinically mimic other neoplasms as well as clinically it is very difficult to make a correct diagnosis due to the absence of specific pathognomonic patterns.

The aim of this work is to demonstrate a clinical case of a rare skin neoplasm, a proliferating pilomatricoma, and to determine the boundaries of the differential diagnostic tactics of managing such patients.

Material and methods. After a complete clinical visual examination of patient, we performed a dermoscopy and pathohistological examination with staining of the material with hematoxylin and eosin on the basis of «University Clinic» of ZSMU. For dermoscopy was used Foto Finder and Moleanalyzer pro software.

Results. A 60-year-old woman went to a dermatovenerologist with complaints of an enlarged lesion on her forehead. According to the patient, she could not remember exactly how long the lesion had been there. But it had been bothering her aesthetically for the past few months. In addition, she had been experiencing occasional erosions with minor trauma lately. Clinically, we saw a bluish-purple papule with a hemorrhagic crust at the bottom of the neoplasm. On palpation, it was painless. At 20x magnification dermoscopy we saw the following patterns: irregular white structures (streaks), homogeneous areas of gray-blue with purple tint, hemorrhagic crust due to erosion and non-specific vascular component in the periphery. It was very difficult to make a definitive diagnosis based on dermoscopy. On the basis of previous examinations, the focus was similar to other neoplasms such as pyogenic granuloma, hemangioma and even squamous cell carcinoma. In this suspicious case the gold standard for diagnosing skin neoplasms is pathohistological examination. A complete excision of the lesion was performed. Histological conclusion: «Proliferating pilomatricoma with a focus of hemorrhage and hemosiderin deposition».

Conclusions. Clinically using «naked eyes», it is almost impossible to make a correct diagnosis. Therefore, it is very important to use a comprehensive diagnostic examination, with the obligatory use of dermoscopy and pathohistology. Always be alert for skin neoplasms (even malignant) and make a correct differential diagnostic plan, which contributes to the correct scope of surgical intervention.