



DERMATOLOGICAL SURGERY

AMELOBLASTOMA OF THE SKIN: WHEN SAFE HANDLING OF NEEDLES IS NOT ENOUGH

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Background: Ameloblastoma is a relatively rare dental tumour, derived from the epithelium involved in tooth formation, the enamel organ. It is a histologically benign but locally aggressive tumour, which is often located in the mandible or the maxilla.

Observation: A 46-year-old Italian female, with no systemic comorbidities, attended the dermatological surgery service with a chief complaint of a painless growing nodule for 6 months. In 2009 she underwent partial mandibular osteotomy to treat a follicular ameloblastoma of the lower right mandible. Clinical and dermoscopic images were not diagnostic. Reflectance confocal microscopy of the nodule showed hyper-reflective conglomerates inside elongated structures at the dermal-epidermal junction, not indicative for the most common skin tumours. The surgical excision of the skin nodule was performed and the pathologic report diagnosed a follicular ameloblastoma. Orthopantomography, chest x-ray and ultrasound examination of the abdomen, cervical, axillary and inguinal lymph nodes were negative for any suspicious lesion.

We concluded that the skin ameloblastoma derived from needle tumour seeding, which occurred during a percutaneous needle biopsy (PNB) performed in 2009. To our best knowledge this is the first description of a skin ameloblastoma secondary to PNB.

Key message: Needle tumour seeding, whereby malignant cells are deposited along the needle tract, is especially of concern for PNB of pleural and liver malignancies. This case highlights the risk of needle tumour seeding in the skin after PNB of odontogenic tumours. Tumour seeding is a rare but ominous hazard of percutaneous diagnostic procedures, and the awareness of its possible occurrence is important for patient counselling, risk stratification and subsequent patient management.

