



DERMATOPATHOLOGY

## A VERY RARE CASE OF KELOIDAL MORPHEA BETRAYED BY A WELL HEALED SURGICAL SCAR

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**Background:** Keloidal morphea, also known as nodular morphea, is a rare variant of scleroderma characterized by thick erythematous, nodular, arciform and polycyclic lesions, resembling keloids or hypertrophic scars. Such insidious clinical presentation can make diagnosis of keloidal morphea extremely difficult.

**Observation:** A 50-year-old Caucasian woman presented with firm, linear and arciform erythematous plaques on the sternum area, breasts and shoulders, which had slowly but relentlessly developed over the course of about thirty years. The lesions had been previously clinically diagnosed as spontaneous keloids, but our additional observation of a thin, inconspicuous surgical scar from an old quadrantectomy on the right breast was in patent contrast with this diagnosis and raised the possibility of Keloidal morphea. On the other hand, the patient was healthy and laboratory screening for autoimmune diseases was unremarkable. Histological examination revealed fibroblast proliferation, thickening and intense eosinophilia of the collagen bundles, conserved elastic fibers, and a sparse perivascular lympho-histiocytic infiltrate, which confirmed the diagnosis of Keloidal morphea.

**Key message:** Keloidal morphea is an exceptionally uncommon form of scleroderma, which may be misdiagnosed for keloidal scars, apocrine cystadenoma, dermatofibroma or even chronic folliculitis, especially if in the absence of internal involvement and/or laboratory changes. A carefully collected medical history and expert histologic observation are pivotal to the diagnosis.

