DERMATOPATHOLOGY

COLLISION TUMOUR: BASAL CELL CARCINOMA, PILOMATRIXOMA AND SEBORRHEIRC KERATOSIS

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Background: An 83-year-old Caucasian man presented with a history of a long-standing mark on the right lateral lower leg which resulted from an encounter with a motorbike over 40 years ago. This mark had started to enlarge and bleed 2 months prior to the consultation. Physical examination revealed a 1.7cm x 1cm lesion with a pink nodular component superiorly and a darker, slightly raised keratotic looking pigmented component inferiorly. Clinically it was difficult to characterise the lesion due to the unusual heterogenic appearance. The lesion was excised with a 2mm margin to exclude a malignancy.

Observation: Three continuous lesions were seen on histological examination. There was a nodular basal cell carcinoma (BCC) with an adjacent seborrheic keratosis (SK), both pigmented, as well as an associated pilomatrixoma with characteristic basaloid epithelium, ghost cells and calcification. All three lesions had been removed with clear margins.

Diagnosis: Collision tumour comprising of BCC, pilomatrixoma and SK.

Key message: To the best of our knowledge, this is the first report of a collision tumour involving BCC, SK and pilomatrixoma. We could only find one other reported case of a collision tumour involving more than two types of lesions. The association of a pilomatrixoma with other tumours is very rare. There are three cases of an unusual collision tumour involving superficial angiomyxoma with pilomatrixoma. Malignancies have been reported to arise up to several decades later at the site of a previous injury or old scar. The SK and pilomatrixoma may have first appeared in the scar shortly after the injury leading to the long-term stable appearance of the lesion for four decades, with the BCC developing more recently.
Collision tumours can look unusual and alarming. In cases like this, it is advisable to excise the lesion entirely to obtain the correct diagnosis.