



PAEDIATRIC DERMATOLOGY

OSTEOLYTIC LESIONS OF THE SKULL DUE TO TUMORAL SKIN DISEASES

Ai Lösch⁽¹⁾ - Li Tirelli⁽¹⁾ - A Label⁽¹⁾ - F Barrera⁽¹⁾ - Sm Joy Way Bueno⁽¹⁾ - Tdj Torres Avila⁽¹⁾ - Pc Luna⁽¹⁾ - Fa Vigovich⁽²⁾ - Jg Casas⁽²⁾ - M Larralde⁽¹⁾

Hospital Alemán, Dermatology, Ciudad Autónoma De Buenos Aires, Argentina⁽¹⁾ - Hospital Alemán, Pathology, Ciudad Autónoma De Buenos Aires, Argentina⁽²⁾

Background: Osteolytic lesions of the skull are a rare presentation of some tumoral skin diseases. Juvenile xanthogranuloma (JXG) is an extremely rare disorder, which belongs to the broad group of non – Langerhans cell histiocytosis. It may be solitary or multiple reddish or yellowish benign papules or nodules of the skin. Bone involvement is unusual.

Infantile myofibromatosis (IM) although rare, is the most common fibrous tumor in childhood. It is a mesenchymal disorder characterized by a fibrous proliferation of the skin, bone, muscle, and viscera, but most cases are limited to the skin.

We present two patients with osteolytic lesions in the skull/cranium secondary to JXG and IM.

Observation: Patient 1: A 1-year-old male child with history of NF1 and JXG presented osteolytic lesions on a cranial radiography and CT after a cranio-encephalic trauma. A surgical resection of one bone lesion and an underlying extradural lesion was performed. The histopathological study reported a decalcification process and JXG respectively. The patient was treated with vinblastine and meprednisone with satisfactory evolution.

Patient 2: A male neonate, who at birth presented two tumoral lesions in the right temporal region. A soft tissue ultrasound was performed and reported hypoechoic lesions imprinted on the cranium. The cranial CT showed multiple osteolytic lesions of the skull. In the MR scanning two muscle injuries were observed on the back. Other organs involvement were dismissed through radiographs of other bones, abdominal ultrasound and echocardiogram. The histopatologic study revealed findings consistent with myofibromatosis. Currently we are planning the chemotherapeutic treatment.

Key message: JXG and IM are infrequent tumoral skin diseases and osteolytic lesions secondary to them as well. Dermatologists should be aware of this type of presentation in order to act in consequence in a multidisciplinary team and decide the best therapeutic option.

