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CASE REPORT

Fibroepithelioma of Pinkus, a Case for Diagnosis

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Introduction and Objectives

Pinkus tumor is a rare pre-cancerous fibroepithelial tumor.

We report here the case of a Pinkus tumor.

Materials and Methods

A 65-year-old hypertensive man followed up in dermatology for papulo pustular rosacea. On clinical examination, a well-limited, centimetric, asymptomatic, pinkish nodular lesion was found in the right occipital region, which had been evolving for several months (Figure 1).

Dermoscopy of the lesion under unpolarized light revealed a predominantly vascular pattern, with short, tortuous, micro arborescent vessels and white lines crisscrossing the entire lesion (Figure 2).

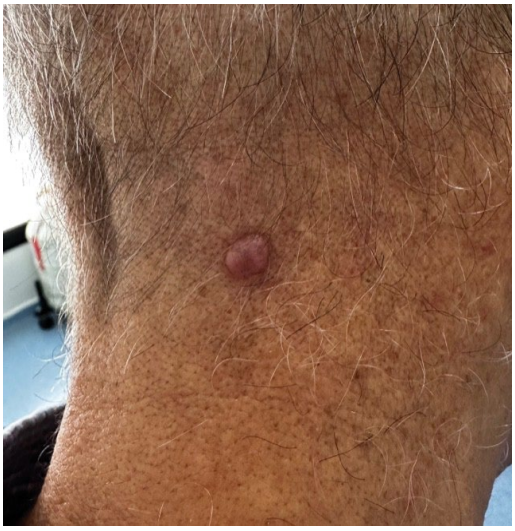

Figure 1: Pinkish nodular lesion.

The lymph nodes were free.

Results

Histological examination showed a typical Pinkus fibroepithelial tumor appearance.

Pinkus tumor is a rare variant of BCC, first described by Hermann Pinkus in 1953.

It is a rare tumor and is thought to represent only a small proportion of all BCCs, but this may be due to a lack of diagnostic awareness.

Predominantly lumbar in location. Clinically, it presents as a single or multiple nodules, discreetly erythematous, smooth, relatively firm, and sometimes pedunculated.

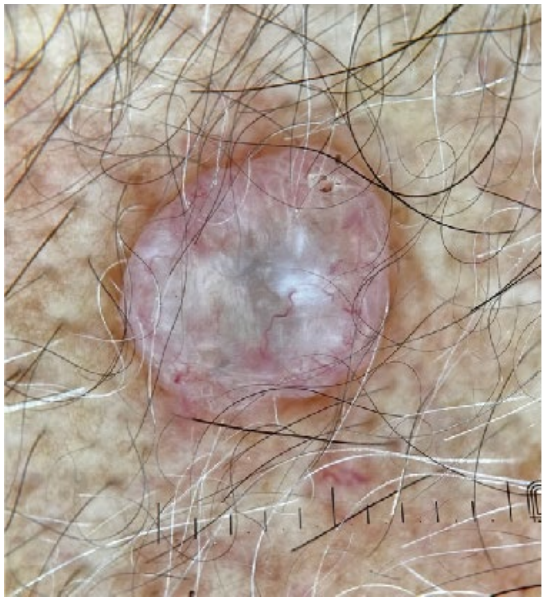

Figure 2: Dermoscopy of the lesion.

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Unlike BCC, no spontaneous bleeding has been reported in Pinkus fibroepithelioma.

It progresses slowly to basal cell carcinoma, but is distinctive in its histological structure, with a perfectly balanced double proliferation of epithelium and connective tissue.

Some of its elements are follicular and more akin to TCB, while others are rounder, with retraction clefts and palisading, more akin to BCC.

The main differential diagnoses are superficial or nodular BCC.

Melanocytic lesions such as melanoma, seborrheic keratosis and trichoblastoma.

The definitive treatment of Pinkus fibroepithelioma is surgical, excision with 4 mm margins, as indicated for BCC.

Conclusion

TPP is a minimally invasive tumor with a good prognosis and a non-aggressive course. It is a low-risk subtype of BCC, and therefore does not progress to metastasis.