

PERINEURAL INVASION IN SOLITARY KERATOACANTHOMA: A MALIGNANT FEATURE?

M. Melato, G. Cecovini, L. Perazza and G. Grandi

ABSTRACT

Solitary keratoacanthoma is a very frequent neoplasm, whose biology, however, still remains unexplained. In fact, as our case shows, it is always considered a benign neoplasm, even though it may present malignant features. So, where does the truth lie? Our case cannot solve the problem but it stresses the importance of collecting further information about the biology of keratoacanthoma.

KEY WORDS

keratoacanthoma, neoplasm invasiveness, prognosis

INTRODUCTION

Solitary keratoacanthoma (SKA) is usually considered a benign, self-healing skin lesion, although it may sometimes exhibit confounding features which would seem to indicate a malignant attitude.

We present a case which confirms this dual identity of SKA and underlines the paucity of information about its biology.

CASE REPORT

A 80-year-old male was examined by a surgeon because of a swelling in the left zygomatic region. Macroscopically, the lesion consisted of a firm, red, dome-shaped nodule, 1 cm in diameter, with a crater in its center.

Histological examination of the surgical specimen, performed by embedding in paraffin and staining

with haematoxylin-eosin, showed a roughly symmetrical, crateriform lesion composed peripherally of variably thickened squamous epithelium. The cells had glassy, eosinophilic cytoplasm and there were occasional mitotic figures; cytologic atypia was lacking. The central crater was filled with orthokeratotic keratin with occasional flakes of parakeratosis (Fig. 1). Diffuse perineural infiltration was present in the deep dermis and subcutaneous tissue away from the main lesion with neoplastic epithelium intimately involving the nerves, either by completely enveloping them or by coursing immediately adjacent. Foci of perineural infiltration were adjacent to the deep surgical margin of the specimen but apparently they did not cross it (Fig. 2, 3). Fibrosis around the involved nerves was focally striking. The tumor cells infiltrating the nerves were morphologically like those constituting the main neoplastic mass. The diagnosis was Solitary keratoacanthoma with diffuse perineural

