

OSTEOMA CUTIS

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A very rare case of osteoma cutis is being presented here. Cutaneous involvement was very extensive in this case.

Key Words : Osteoma cutis, Metaplastic, Neoplastic

Introduction

Cutaneous ossification may be either primary (neoplastic) or secondary (metaplastic). Osteoma cutis is considered a very rare tumour. The case reported herein is unique in the sense that the cutaneous involvement was very extensive.

Case Report

A young man of 28 presented with the complaint of gradual hardening of the skin starting from the nape of the neck some 5 years back. The process progressed insidiously to involve the skin around the neck, face, specially the forehead, axillae, upper side of the chest wall anteriorly and posteriorly, abdomen, and the lower extremities particularly around the thighs. He was gradually feeling weak during all these years. There was no history of any significant trauma anywhere, nor there was any relevant past or family history.

On general examination the patient was perfectly alright except being mild anaemic. Skin felt firm and rubber like and it was thrown into folds at places particularly over the neck, axillae, abdomen and groin. The skin could not be lifted from the underlying tissues. The skin on the folds had honeycomb appearance with small atropic pits interlaced with stretched ridges. The palms and soles

were not involved, nor there was any change in hair or nails.

Leukocyte count was 7000/cumm, neutrophils-66%, lymphocytes-30%, eosinophils-4%. Erythrocytes were 5200/cumm. Haemoglobin was 9 gm%. Serum calcium, phosphorus and alkaline phosphatase were within normal limits.

The straight X-ray of the cervical spine area showed dense homogeneous soft issue shadow around the vertebrae and there was no bony abnormality. The skin biopsy showed well formed dense focus of bone (which were PAS positive) in the dermis with a small central marrow cavity. The surrounding stroma was unremarkable.

Discussion

Most osseous nodules in skin are metaplastic ossification rather than neoplastic ones. Inflammation, trauma and scars are presumed to be their forerunners. Pathogenesis of osteoma cutis is still obscure. Some feel primary osteoma cutis may be naevoid and may develop from embryonal nest^{1,2} whereas in metaplastic osteomas trauma and inflammation lead to damage of the tissue and in course of time, some of the loci of damage may become calcified and eventually ossified to masses of bone.

Considering this background, our case where there is no history of any trauma or inflammation and where the involvement is very extensive, seems to be a very rare case of

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primary osteoma cutis.

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