



Facial Nodule in a Child, What you can think of?

Kassel J*, Baybay H, Alaoui IK, Elloudi S, Douhi Z and Mernissi FZ

Department of Dermatology, University Hospital Hassan II, Morocco

*Corresponding author: Dr. Kassel Jihad, Department of Dermatology, University Hospital Hassan II, Fes, Morocco, Tel: +212 672250076; Email: kassel.jihad@gmail.com

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Abstract

Nodules of the face in children are not an uncommon diagnosis. Apart from benign vascular tumors, other nodules of the face pose a diagnostic and therapeutic challenge. Juvenile xanthogranuloma is a clinical form of non-Langerhansian histiocytosis, the true incidence of which is not well known [1]. It presents as one or more firm erythematous or yellowish nodules rarely bluish, as in our patient, located preferably on the head and neck. Most cases begin in infancy with the possibility of congenital presentation or in adulthood [2]. Extracutaneous involvement is rare, often involving the eye, but also the lungs, heart, brain, liver and bone. The search for extracutaneous involvement is not systemic, but is recommended in the presence of multiple cutaneous lesions in a child under 2 years of age or in the presence of warning signs. The diagnosis of juvenile xanthogranuloma is basically clinical. However, it is sometimes necessary to confirm it by histology [1]. In cases described in the literature, biopsy without complete resection has been associated with an increase in lesion size with bleeding [3]. Regarding the treatment, JXGs normally follow a benign course, with spontaneous remission in about 3 to 6 years, and usually do not require treatment. Surgical excision or laser treatment may be proposed for cosmetic purposes. In ocular JXG, topical corticosteroids are usually used. In symptomatic systemic forms, treatment with surgery, radiotherapy and/or chemotherapy may be considered [1]. We report a case of a child with a nodule of the face diagnosed as juvenile xanthogranuloma.

A 9-year-old child from a non-consanguineous marriage, without any pathological history, consulted for a painless bluish lesion on the tail of the left eyebrow, evolving for 6 months, without any other associated sign. On examination, we found a 0.5 cm firm nodule of regular contour, with a bluish surface on the tail of the left eyebrow. In this situation, we suspected a dermoid cyst, a pilomatricoma, a venous malformation and finally a xanthogranuloma. A complete surgical removal of the nodule was recommended in our patient. On pathological examination, we noted the presence of a dense infiltrate at the dermal level made of siderophages and macrophages with foamy cytoplasm containing lipids, multinuclear cells of the "Touton" type with a ring of nuclei surrounding an eosinophilic center and presenting in the periphery some eosinophilic granulocytes, in favor of a juvenile xanthogranuloma. We did not recommend any further examinations or investigations in our patient. After one year of follow-up, we did not note any recurrence.

Keywords: Xanthogranuloma; Child; Histiocytosis

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

Conflicts of interest

The authors do not declare any conflict of interest.

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Figure 1: Clinical photo showing a bluish nodule on the face.



Figure 2: Clinical photo after excision of the nodule.

