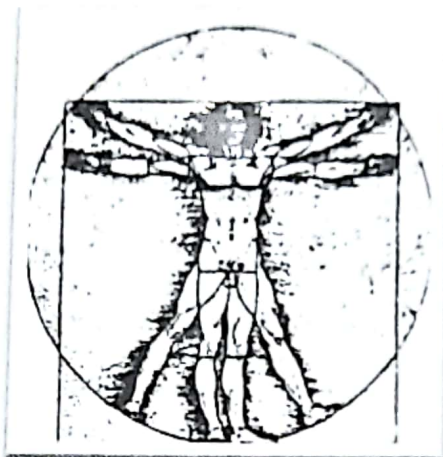


UDC: 61

ISSN 1409-9837

ЗАММ



МААМ

ACTA MORPHOLOGICA

INTERNATIONAL JOURNAL OF THE MACEDONIAN ASSOCIATION
OF ANATOMISTS AND MORPHOLOGISTS

Vol. 18 (2) 2021

ACTA MORPHOLOGICA

*International Journal of the Macedonian Association of Anatomists and Morphologists (MAAM)
Member of the European Federation of Experimental Morphology (EFEM)
Member of the International Symposium of Morphological Sciences (ISMS)
Member of the International Federation of Associations of Anatomy (IFAA)*

Published
Twice a year

EDITORIAL BOARD

Editor in Chief
Dobriła Tosovska-Lazarova
Skopje, Republic of North Macedonia

Editors

Gordana Teofilovski-Parapid

Belgrade, Serbia

Andreas H. Weiglein

Graz, Austria

Guido Macchiarelli

L'Aquila, Italy

Petru Matusz

Timisoara, Romania

Erdogan Sendemir

Bursa, Turkey

Alessandro Riva

Cagliari, Italy

Sadeta Sekic

Sarajevo, B&H

Diogo Pais

Lisboa, Portugal

Marija Vavlukis

Skopje, Republic of North Macedonia

Venko Filipce

Skopje, Republic of North Macedonia

Yavor Enchev

Varna, Bulgaria

Susana N. Biasutto

Cordoba, Argentina

Marko Kostovski

Skopje, Republic of North Macedonia

Macedonian Scientific Committee

Natasha Janevska-Nakeva

Angja Strateska-Zafiroska

Vesna Janevska

Elena Trajkovska-Dokikj

Nevena Kostovska

Gjorgji Jota

Dragica Jurkovic

Pre-Press

Viktor Simeonovski

CONTENT

ORIGINAL ARTICLES

5. Diagnostic utility of anti-ccp assay in patients with rheumatoid arthritis. Spasovski Dejan, Sandevska E, Pivkova-Veljanovska A, Krstevska Balkanov S.
14. Evaluation of respiratory failure following pediatric cardiac surgery. Mandzukovska Hristina.
20. Susceptibility of strong biofilm-producing uroisolates in planktonic state vs. Biofilm growth mode. Labachevska-Gjatovska Liljana, Jankoska G, Kristina P, Labachevski B.
32. Results of our experience in correction of adolescent idiopathic scoliosis with posterior segmental instrumentation and fusion with all-polyaxial pedicle screw construct. Popovski Neron.
40. Evaluation of the relationship between pulmonary arterial obstruction index and several CT markers of right ventricular dysfunction in patients with acute pulmonary embolism. Nikolova Sonja, Dokoska M, Mitreska-Dimitrijevič K, Janevski P.
49. Current strategy in the treatment of perforated peptic ulcer. Begovic Goran, Selmani R, Rushiti K, Joksimovic V, Karagjozov P, Domazetovski D, Vrgovikj N, Atanasova M, Grupce D.

CASE REPORTS

60. Treatment of pilomatrixoma in pediatric population – our experience. Sokolova Rozeta, Todorovik L, Andonovska B, Lumani-Bakiji Nj, Taleva B.
64. Abdominal echinococcosis with Lesser sac hydatid cyst rupture in the duodenum: case report. Begovic Goran, Selmani R, Rushiti K, Domazetovski D, Vrgovikj N.
73. Possible relationship between Wegener-granulomatosis with polyangitis (vasculitis) and COVID-19 infection and their complex treatment- case report. Janevski Zoran, Ristovska V, Rambabova-Bushletic I, Dzekova-Vidimliski P, Gjorgievski N, Sterjova-Markovska Z, Pavleska-Kuzmanovska S.
80. Achalasia of the cardia - a pediatric case report. Boshkovska Katerina, Bojadzieva S, Popova G, Arnaudova - Danevska I, Chakalarovska I.

REVIEW ARTICLES

85. Effects of citicoline on amblyopia. Gjosevska Dashtevska Emilija, Ivanova Cekov M.

INSTRUCTIONS FOR AUTHORS

91. Instructions for authors

AN EXCLUSIVE STATEMENT

94. An exclusive statement

CASE REPORT

TREATMENT OF PILOMATRIXOMA IN PEDIATRIC POPULATION – OUR EXPERIENCE

Sokolova Rozeta, Todorovikj Lazar, Andonovska Biljana, Lumani-Bakiji Njomza, Taleva Biljana

University Clinic for Pediatric Surgery, Medical Faculty,
University Ss. Cyril and Methodius in Skopje, Republic of North Macedonia

ABSTRACT

Background: Pilomatrixoma is a type of benign tumor most commonly diagnosed in people under the age of twenty. It usually occurs at the passage of hairy parts of the body and is associated with hair follicles. It accounts for 1% of all benign tumors. The symptomatology varies according to the location of the tumor, however most are isolated and non-symptomatic. Rarely, pilomatrixoma can become malignant after the age of twenty. Tumor size over 10 cm increases the possibility of malignant alteration. Complete surgical excision of the tumor is recommended.

Objectives: The aim of this study is to clinically analyze three cases of pilomatrixoma and to attract attention to this tumor in the differential diagnosis and its treatment in pediatric patients.

Material and methods: In a two year period, from 2018 to 2020, pilomatrixoma was found in three patients aged 5 to 14 years (average age 6 years). Two of them were asymptomatic. Pain as a symptom occurred in one patient who had visible whitish papillary tumefaction, located at the apex of the neck and the right retroauricular region of the head, with an uneven inflamed surface fused with the surroundings. Plain radiography and ultrasound were performed routinely in all patients, and MRI was indicated in one patient. The differential diagnosis included epidermoid cysts and dermoid cyst. Wide excision of the tumor with 2cm resection margins with primary skin closure was performed in all patients. Benign pilomatrixoma was confirmed in the histopathological findings in all patients. No recurrences were reported.

Conclusion: Because of possible cancerous alteration later in life, pilomatrixoma should be diagnosed in early age and treated with complete and wide surgical excision. The prognosis for isolated pilomatrixoma is good. Unless the excision was incomplete, pilomatrixoma don't recur.

Keywords: benign tumor, hair follicles, pilomatrixoma, pediatrics

INTRODUCTION

Pilomatrixoma is a benign cutaneous tumor differentiating towards the hair matrix of the hair follicle. It was first described by Malhebre as benign calcifying Epithelioma [8]. It accounts for 1% of all benign skin tumors. Approximately 50% of the lesions occur on the head and neck area, especially the cheek and the preauricular area, and are not associated with symptoms other than local. Lesions can also occur on upper and lower extremities in 22%. This tumor can occur in any age group, but the most common is around 20 years of age or younger [1]. Most studies report a slight predominance in females.

Usually is presented as firm, non-tender subcutaneous mass adherent to the skin but not fixed to the underlying tissue. It's covered by normal or hyperaemic skin and varies in size from 0.5 to 3cm, but rarely giant lesions up to 15cm are reported. Pathognomonic clinical signs for pilomatrixoma diagnosis are "tent sign" (multiple facets and angles in stretched skin over