3. James WD, Berger TG, Elston DM, editors. Andrew's diseases of the skin: clinical dermatology. 10th ed. Philadelphia: WB Saunders, 2005:69-90.
4. Yeon JH, Youn SW, Kim KH, Cho KH. Clinical effects of oral

- naproxen for the treatment of eosinophilic pustular folliculitis. *Korean J Dermatol* 2008;46:1609-1614.
5. Youn CS, Cho KH. Eosinophilic pustular folliculitis treated with naproxen. *Br J Dermatol* 2001;145:514-515.

<http://dx.doi.org/10.5021/ad.2013.25.1.122>

Myopericytoma of the Facial Cheek

Eun Kyung Kim, Ji Hyun Lee, Si Yong Kim, Gyong Moon Kim

Department of Dermatology, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea

Dear Editor:

A 44-year-old woman presented with a painful, solitary nodule on her right cheek. She noticed the flesh-colored nodule several years prior, and the nodule expanded slowly in size. There was no history of trauma. The patient's past medical history and family history were unremarkable. Upon physical examination, a 0.5×0.7 cm-sized, skin-colored, firm nodule on the right cheek was seen (Fig. 1). The biopsy specimen revealed a concentric perivascular proliferation of blank, spindle-shaped myoid-appearing cells (Fig. 2A, B). Immunohistochemical stain showed diffuse immunoreactivity on smooth muscle actin and was negative for desmin (Fig. 2C, D). The CD34 stain highlighted only the endothelium of the vessel, but the perivascular concentric myoid tumor cells were not immunoreactive (Fig. 2E). From the clinicopathological findings, the diagnosis of myopericytoma (MPC) was made. MPC is a rare, recently delineated tumor that originates from the perivascular myoid cells¹. It was described by Granter et al.² in 1998 and newly entered into a subgroup of perivascular tumors in the World Health Organization classification of soft tissue tumors³. MPCs are well-circum-

scribed and composed of a mixture of solid cellular areas intermixed with variable numbers of vascular channels. The latter are often elongated and display prominent branching, resulting in a stag-horn appearance. The cells in the solid areas are round, or short and spindle shaped with eosinophilic cytoplasm and vesicular nuclei. The presence of concentric layers of tumor cells around vascular channels resulting in a typical onion ring appearance is a hall mark of this tumor². However, MPC tumors exhibits a broad spectrum of growth patterns: solid classic, hemangiopericytoma-like, angioleiomyoma-like, hypocellular fibroma-like, solitary fibrous tumor-like, glomus tumor-like, cellular immature, intravascular and malignant subtypes. The present case was classified as angioleiomyoma-like pattern. By immunohistochemistry, the neoplastic cells

Fig. 1. A 0.5×0.7 cm sized, skin-colored, subcutaneous nodule of the right cheek.

Received November 29, 2011, Revised May 3, 2012, Accepted for publication June 9, 2012

Corresponding author: Gyong Moon Kim, Department of Dermatology, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, 93 Jungbu-daero, Paldal-gu, Suwon 442-723, Korea. Tel: 82-31-249-7460, Fax: 82-31-242-8927, E-mail: gyongmoonkim@catholic.ac.kr

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Fig. 2. (A) Uncapsulated neoplasm situated in the subcutis (H&E, scanning view). (B) Proliferation of bland round to ovoid cells arranged in a concentric perivascular pattern and many thin-walled branching staghorn vessels (H&E, $\times 200$). (C) Smooth muscle actin (SMA) immunoreactivity is observed in the concentric perivascular myoid cells (SMA, $\times 200$). (D) Immunoreactivity for desmin was negative (Desmin, $\times 200$). (E) CD34 highlighted only the endothelium (CD34, $\times 200$).

characteristically express muscle-specific actin, smooth muscle actin and h-caldesmon, and are negative for CD34 and desmin⁴.

The differential diagnosis includes myofibroma/myofibromatosis, angioleiomyoma, or glomus tumors. Myofibroma/myofibromatosis shows a distinct biphasic pattern consisting

of fascicles of spindle cells and immature appearing zones². Although perivascular concentric growth pattern has been observed in a subset of angioleiomyoma, this is not the predominant histopathologic feature, and angioleiomyomas show positive reaction for desmin in the smooth muscle bundles. In contrast, MPC is usually negative or

only focally positive for desmin⁵. Glomus tumors can be distinguished by tumor cells showing more abundant eosinophilic cytoplasm and distinct cell borders. In addition, glomus tumors lack the concentric orientations of tumor cells around vessels characteristic of MPC⁴.

MPCs typically arise in subcutaneous tissue as single or multiple nodules on the extremities of adults, with only rare cases of multicentricity. MPC presents as a benign, slow-growing nodule, and may occasionally be painful. Tumors rarely exceed 2 cm in size. A rare malignant transformation has been reported as well⁵.

Most MPCs do not recur following excision⁴. Our patient decided to leave her lesion untreated. Involvement of the face in MPC cases is previously undescribed in the Korean dermatologic literature. Presentation of this case of MPC on the cheek will aid others in recognizing this very rare entity.

REFERENCES

1. Requena L, Kutzner H, Hgel H, Rtten A, Furio V. Cutaneous adult myofibroma: a vascular neoplasm. *J Cutan Pathol* 1996;23:445-457.
2. Granter SR, Badizadegan K, Fletcher CD. Myofibromatosis in adults, glomangiopericytoma, and myopericytoma: a spectrum of tumors showing perivascular myoid differentiation. *Am J Surg Pathol* 1998;22:513-525.
3. McMenamin ME. Myopericytoma. In: Fletcher CDM, Unni KK, Mertens F, editors. World Health Organization classification of tumours. Pathology and genetics of tumours of soft tissue and bone. Lyon: IARC Press, 2002:138-139.
4. Dray MS, McCarthy SW, Palmer AA, Bonar SF, Stalley PD, Marjoniemi V, et al. Myopericytoma: a unifying term for a spectrum of tumours that show overlapping features with myofibroma. A review of 14 cases. *J Clin Pathol* 2006;59:67-73.
5. Mentzel T, Dei Tos AP, Sapi Z, Kutzner H. Myopericytoma of skin and soft tissues: clinicopathologic and immunohistochemical study of 54 cases. *Am J Surg Pathol* 2006;30:104-113.

<http://dx.doi.org/10.5021/ad.2013.25.1.124>

Localized Involutional Lipoatrophy in a Child

Kwang Cheol Hong, Tae Woo Noh, Jong Heon Baek, Yoo Seok Kang, Un Ha Lee, Hyun Su Park

Department of Dermatology, Sanggye Paik Hospital, Inje University College of Medicine, Seoul, Korea

Dear Editor:

Localized loss of adipose tissue without prior clinical or histologic inflammation is usually termed idiopathic lipoatrophy¹. Localized involutional lipoatrophy (LIL), which was first described by Peters and Winkelmann² in 1986, generally appears asymptomatic well-demarcated, depressed lesion on a single or in several sites³. Most of the reported cases occur in adolescence or in adulthood, but there has been only one reported childhood case of LIL². Thus, we report a rare case of LIL in childhood in which triggering factors are not found and we reviewed the

previously published reports.

A 5-year-old boy presented with an asymptomatic depressed lesion on his right buttock 1 month ago. The patient denied any history of injury or local injection at that site. He had no other medical problems or any associated drug intake. Physical examination revealed a well-demarcated, 3.0×3.5 cm sized hypopigmented, depressed atrophic patch (Fig. 1). Laboratory examination showed no abnormal findings in the patient's complete blood count, blood chemistry, C-reactive protein level, and auto-antibody screening tests for antinuclear, anti-DNA, and

Received January 4, 2012, Revised June 8, 2012, Accepted for publication June 10, 2012

Corresponding author: Un Ha Lee, Department of Dermatology, Inje University Sanggye Paik Hospital, 1342 Dongil-ro, Nowon-gu, Seoul 139-707, Korea. Tel: 82-2-950-1131, Fax: 82-2-931-8720, E-mail: woods75@hanmail.net

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.