**Button osteoma**

Button osteoma is a benign, slow-growing mass of mature, predominantly lamellar bone, usually arising from the skull or mandible. On the skull vault, it appears as a small, circumscribed bony overgrowth with ivory-like lumps. These smooth-surfaced, circular protrusions are sharply demarcated and often solitary, although there are two or more in one third of cases. The precise etiology of button osteoma is unknown, but some investigators postulate that it is the result of post-traumatic exostosis. We report a rare case of multiple button osteomas of the calvarium, which might have resulted from postinjury ossification. The patient was a 38-year-old female with multiple asymptomatic erythematous hard nodules on the posterior scalp that had first been noticed 1 year earlier. A year before, she had trauma on her posterior scalp through a slip down injury. The nodule had been enlarging gradually for 1 year. Histopathologically, they were high cellularity reactive lesions with basophilic mineralization of some of the osteoid product. The cellularity lacked pleomorphism and abnormal mitoses and S100 staining was negative. A radiological examination showed protruding exostoses, overhanging from the cranial vault.

**Keywords:** Button osteoma

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**Erosive adenomatosis of the nipple**

Erosive adenomatosis of the nipple is a rare, benign neoplasm currently thought to originate from the terminal lactiferous ducts and subareolar breast tissue. Clinically, erosive adenomatosis of the nipple is often indistinguishable from that of mammary Paget’s disease and histologically, it may be misdiagnosed as intraductal carcinoma. We present the case of a 36-year-old woman who had a unilateral erythematous induration of the nipple that contained a palpable, firm nodule. It had first been noticed 2 year earlier. The surface was occasionally crusted, and there was a bloody discharge. Histopathological examination showed irregular, dilated tubular structures, which were lined by a peripheral layer of cuboidal cells and a luminal layer of columnar cells that demonstrated decapitation secretion at their luminal border.

**Keywords:** Erosive adenomatosis of the nipple

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**An apocrine hidrocystoma combined with a dermoid cyst**

Typically, an apocrine hidrocystoma is a translucent cystic nodule that looks like adenomatous cystic proliferation of an apocrine gland originating from a hair germ. A dermoid cyst is a cystic teratoma that contains developmentally mature skin, complete with hair follicles, sweat glands, and other tissues derived from the ectoderm. Many investigators believe that dermoid cysts are of ectodermal origin, specifically hair germ cells. A 58-year-old woman presented with a purple, asymptomatic, dome-shaped nodule on her right lower eyelid that had been slowly increasing in size for several years. Histopathological examination revealed two well-demarcated cysts: one was lined with stratified squamous epithelium with mature hair and sebaceous glands and the second contained large cystic spaces into which papillary projections extended. We report a rare case of a dermoid cyst combined with an apocrine hidrocystoma occurring in the lower eyelid at the same site.

**Keywords:** Apocrine hidrocystoma, Dermoid cyst

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**Congenital diffuse plane xanthoma in an 8-year-old girl**

Congenital diffuse plane xanthoma (CDPX) is a rare skin disease that manifests in the form of yellowish patches from birth. This disease is classified into 2 groups on the basis of the presence of hyperlipidemia. Familial hyperlipidemia and liver cirrhosis can be associated with CDPX. The patient was an 8-year-old girl who presented with a slightly elevated yellow-brown patch (diameter, up to 9 to 10 cm) on the left arm; the patient had the patch since birth and did not have any other related complaints. Histopathological analysis showed diffuse infiltration of histiocytic foamy cells in the