Benign Miliary Osteoma Cutis of the Face: A Common Incidental CT Finding

D. Kim, G.A. Franco, H. Shigehara, J. Asaumi and P. Hildenbrand

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Benign Miliary Osteoma Cutis of the Face: A Common Incidental CT Finding

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ABSTRACT

BACKGROUND AND PURPOSE: Osteoma cutis of the face represents a primary or secondary formation of ossific foci in the facial skin. Its primary form has been sparsely described in the plastic surgery and dermatology literature. As radiologists, we routinely encounter incidental, very small facial calcified nodules on CT studies performed for a variety of unrelated reasons. We hypothesized that this routinely encountered facial calcification represents primary miliary osteoma cutis and is a common, benign, age-related finding.

MATERIALS AND METHODS: We retrospectively reviewed 1315 consecutive sinus CTs obtained during an 8-month period and their associated demographics. The number of dermal radiopaque lesions with Hounsfield units of >150 was counted, and we analyzed the association between the prevalence of these lesions and patients’ demographics with logistic regression methods.

RESULTS: Five hundred ninety-nine males and 716 females from 4 to 90 years of age were included in the study (mean, 52 versus 51 years; \( P = .259 \)). Among these, 252 males and 301 females had small facial calcified nodules (42.1% versus 42.0%, \( P = .971 \)). The patient’s age was a statistically significant predictor for having facial calcified nodules (odds ratio = 1.02, \( P < .001 \)), while the patient’s sex was not (\( P = .826 \)).

CONCLUSIONS: Facial calcified nodules, observed in routine head and face CT imaging, are common, benign, age-related findings, which have been largely overlooked in the radiology literature. It is a manifestation of primary miliary osteoma cutis.
MATERIALS AND METHODS

Patients
The study was approved by the institutional review board at Lahey Hospital and Medical Center, which waived the requirement for informed consent. A total of 1389 consecutive sinus CTs during an 8-month period and their associated demographics were retrospectively reviewed. Seventy-four cases were excluded from the study because the most anterior portion of face was not imaged on coronal sequences or there was excessive image degradation due to motion or dental artifacts.

CT Technique
Direct coronal, nonhelical, sinus CT images were obtained on all patients. Bone and soft-tissue algorithms, display field of view of 15 cm at a 520 × 520 matrix, provided an in-plane resolution of 0.29 mm (approximately 2 lp/mm). Section thickness was 3 mm. In addition, as a function of the deployed CT imaging device, nonhelical 1.5-mm-thick axial or axial multisection 0.6-mm volumetric CT techniques were used with both bone and soft-tissue algorithms.

Imaging Analysis
The number of hypodermal radiopaque lesions with Hounsfield units of >150 were counted (G.A.F.), and their distribution was recorded for each sinus CT. Validation of positive case numbers was subsequently performed (D.K.).

Statistical Analysis
To investigate the qualitative association between the subject’s age/sex and the presence of facial calcified nodules, we performed logistic regression analysis by using the presence of facial calcified nodules as a binary dependent variable. To investigate the quantitative effect of the subject’s age and sex on the number of facial calcified nodules, we performed the Kruskal-Wallis test with post hoc analysis (Dunn test), with age decade and sex as qualitative independent variables. The Kruskal-Wallis test was chosen given the nonparametric nature of our study population. The prevalence of calcified nodules and the mean ages between male and female sex were compared with the χ² and Z-tests, respectively. All statistical calculation was performed with MedCalc for Windows software (MedCalc Software, Mariakerke, Belgium). \( P < .05 \) was considered a cutoff value for statistical significance.

RESULTS
We included 599 males and 716 females from 4 to 90 years of age in the study (mean, 52 versus 51 years; \( P = .259 \)). Among the 1315 included cases, most CTs were performed for sinusitis or upper respiratory infection (1112 cases, 84.6%) (Table 1). Of 1315 sinus CT cases, 553 (42.1%) patients had hypodermal calcifications. Most were punctate, \( \leq 1 \) mm. In some cases, occasional 3- to 4-mm flocculent calcific foci were encountered (Fig 1D). Facial involvement, particularly when extensive, was conspicuously symmetric. The frontal hypodermis was the most frequent distribution of facial calcified nodules (480 cases, 86.8%), followed by the maxillary hypodermis (255 cases, 46.1%). One hundred ninety-five cases (35.3%) demonstrated calcifications in both the frontal and maxillary hypodermis. A few cases demonstrated calcifications in the temporal (7, 1.3%), mandibular (4, 0.01%), and periorbital hypodermal tissue (2, 0.01%). Table 2 summarizes the distribution of calcified nodules by location.

Age and Facial Calcified Nodules
To investigate the possible association between the presence of facial calcified nodules and the subject’s age, we dichotomized the study population into 2 groups with and without facial calcifications. Logistic regression analysis demonstrated that increased age of the subject was strongly associated with the presence of facial calcified nodules (odds ratio \( = 1.02, P < .001 \)).

For the association between the subject’s age and the severity of facial calcified nodules, we used the number of calcified nodules as a surrogate for the severity of disease. At first, linear regression was performed on 553 patients with facial calcified nodules. It demonstrated no statistically significant, quantitative, linear relationship between the subject’s age and the number of facial calcified nodules \( \text{[}b=0.13, F(1,551) = 2.79, P = .095 \text{]} \) with \( R^2 = 0.01 \) (Fig 2).

Although there is a nonlinear relationship, the severity of facial calcified nodules was also age-dependent. In an effort to investi-
gate any nonlinear effect of age decade and sex of the subjects on the mean number of facial calcified nodules, the Kruskal-Wallis test was performed, revealing a statistically significant difference of the median number of facial calcified nodules among age decade groups \([H(8) = 27.46, P = .001]\). Post hoc comparison analysis between each age decade group with the Dunn test revealed a significantly higher median number of facial calcified nodules in the sixth and seventh decades compared with the second, third, and fourth decades (Fig 3). Additionally, subjects from the fifth, eighth, and ninth decades also had a significantly higher median number of facial calcified nodules than those in the second and third decades (Fig 3).

**Sex and Facial Calcified Nodules**

In our study population, 252 males of 599 (42.1%) and 301 of 716 females (42.0%) had facial calcified nodules. There was no statistically significant difference between the prevalence of facial calcified nodules between male and female groups \((P = .971)\). By logistic regression, neither male nor female sex was shown to increase the odds of having calcified nodules (odds ratio = 1.02, \(P = .826\)). Similarly, the Kruskal-Wallis test did not reveal any significant effect of the subject’s sex on the median number of nodules \([H(1) = 0.032, P = .857]\) among 553 patients with nodules.

**DISCUSSION**

Our large-scale, retrospective review of 1315 sinus CT examinations revealed that facial calcified nodules, observed in routine head and face CT imaging, are a common, benign, age-related finding. The prevalence of facial calcified nodules in our study group was 42.1%, indicating that these nodules are a very common finding, compared with 2.3% in the most recent literature. The distribution of these facial nodules is symmetric and predominantly involves the frontal and maxillary hypodermal tissue (540/553 subjects, 97.6%).

Although there was no linear association between the age and the number of facial calcified nodules among 553 patients with positive facial calcified nodules. No significant linear quantitative relationship was observed.
the severity of facial calcified nodules, our study revealed a strong association between the age and the likelihood of having facial calcified nodules and their severity, supporting the age dependency of these nodules (Fig 3). In contrast to some prior studies,2,14,15 we observed no female or male sex predilection for these calcified nodules or their severity.

In 1998, Shigehara et al16 reported a cadaveric case series of 33 individuals. They analyzed facial skin specimens from 19 males and 14 females, with ages ranging from 19 to 85 years. The cause of death for these cadavers was not related to any disease predisposing to secondary osteoma or calcinosis cutis. None of the cadavers displayed obvious signs of changes in the skin (1 exception was fatal burns without involving the face). Radiographic examination of these specimens demonstrated hypodermal, subcutaneous calcified nodules in all 33 subjects (Fig 4A, -B). They reported that the most frequently involved facial regions were the forehead (29 of 33, 87.9%) and zygomatic region of the cheek (30 of 33, 90.9%), similar to the observation in our larger scale study (Table 2). Pathologic and elemental analysis of these nodules revealed a benign, mature bone-like morphology and characteristic and hydroxyapatite-like elemental composition (Fig 5). These nodules demonstrated a concentric, multilamellated, peripheral osteoid, and central adipose medulla, which correlated well with benign, normal bone formation and appeared as well-circumscribed calcified nodules with central lucency in radiographs (Fig 4B). In addition, by obtaining dental radiographs, Shigehara et al detected calcifications in 28% of 158 living subjects and 36% of subjects older than 40 years of age. They recognized the potential for underestimation due to the limited FOV of dental radiographic techniques.

The radiographic appearance resembles the classic description of benign breast skin calcification, which is believed to be secondary to sebaceous inspissations or low-grade infection.17 Routinely encountered breast skin calcification was also described as a “calcified nodule with central lucency”17 and appears similar to facial calcified nodules identified in cadaveric specimens (Fig 4C). While the demonstration of central lucency in most facial calcified nodules by CT compared with mammography is limited due to their very small size relative to the section thickness (Fig 4D, -E), the appearance of some larger nodules was suggestive of a subtle central lucency (Fig 4F).

In conclusion, combined evidence from our large-scale sinus CT dataset of 1315 cases with previously reported dental radiographic examinations of 158 patients and a cadaveric study of 33 patients supports our hypothesis that the commonly encountered facial calcified nodules on routine head and neck CT examinations are manifestations of primary miliary osteoma cutis as de-
Dermal calcified nodules, observed in routine head and face CT imaging, are common, benign, age-related findings, which have been largely overlooked in the radiology literature. These are a manifestation of primary miliary osteoma cutis.

CONCLUSIONS

Dermal calcified nodules, observed in routine head and face CT imaging, are common, benign, age-related findings, which have been largely overlooked in the radiology literature. These are a manifestation of primary miliary osteoma cutis.

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FIG 5. A, Pathologic examination of facial calcified nodules from a cadaveric specimen demonstrates mature bone-like characteristics, including a concentric, multilamellated, osteoid cortex and a central adipose medulla. B, A magnified view of a portion of A. C and D, Elemental composition and peak ratios of a cadaveric facial nodule (C) and the clavicle (D) are similar to each other and well-correlated with the composition of hydroxyapatite. Images are adapted from Shigehara et al\textsuperscript{16} and obtained with permission from Dr Shigehara. MMO indicates multiple miliary osteoma.
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