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RESEARCH ARTICLE

A RARE CASE OF DESMOPLASTIC TRICHILEMMOMA OF THE NOZE MIMICKING INVASIVE CARCINOMA

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Abstract

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Introduction:-

Trichilemmoma is a benign neoplasm from the outer sheath of the pilosebaceous follicle, first described by Headington and French in 1962. In 1990, Hunt et al. described a variant of the neoplasm, desmoplastic trichilemmoma (1). Clinically, it may look like other cutaneous lesions. Indeed, it is important to consider the histological analysis of desmoplastic trichilemmoma, for it simulates trichilemmal carcinoma, squamous-cell carcinoma and basal-cell carcinoma (2).

We report here a case of desmoplastic trichilemmoma in a rare clinical presentation, simulating a basal-cell carcinoma of the noze.

Case report:-

Male patient, 102 years old, hypertensive, reported a lesion on the noze for 4 years, with progressive increase. He denied any antecedent trauma, radiation, cigarette smoking, or use of chewing tobacco. He had no personal or family history of skin cancers. At the dermatological examination, he presented bluish tumor with shiny borders and central ulceration, measuring approximately 1,5 cm along the largest diameter in the right nostril (Figures 1). Dermoscopy showed white keratin, blue-gray ovoid nests, ulceration, and arborizing telangiectasias. Diagnostic hypotheses were produced for basalcell carcinoma, squamous-cell carcinoma and keratoacanthoma. The anatomopathological examination was compatible with the diagnosis of desmoplastic trichilemmoma without the presence of malignant processes. The patient received 4 sessions of cryotherapy with very good improvement.

Discussion:-

Trichilemmoma is a benign solid tumor originating from external sheath cells of pilosebaceous follicles. When it is characterized by a central zone of desmoplasia, it is called desmoplastic trichilemmoma. The mean age of occurrence of desmoplastic trichilemmoma in one study was 64 years. (3) Despite its benign nature, desmoplastic trichilemmoma is a tumor that can clinically present itself as a pearly and sometimes ulcerated lesion that may clinically mimic an invasive carcinoma. (4) Our patient presented with a pearly bluish nodule and central ulceration, which led to a diagnostic hypothesis of basal cell carcinoma.

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The dermoscopic features described for trichilemmoma include white keratin, hyperkeratotic crust and triangular looking radial linear vessels with a distal thickening.(5) The ridge pattern corresponds to the exophytic growth pattern, fissure pattern to the intervening epidermal invagination, blue-grey dots/globules to the pigment incontinence, and brown homogenous background to increased epidermal pigmentation.(6) The trichilemmomas are small and circumscribed lobular or multilobular proliferations composed mainly of pale cells from the external sheath , usually with wide connection to the epidermal surface (7) . Trichilemmoma is a benign follicular tumour that requires no treatment. Occasionally lesion(s) may be removed for cosmetic reasons or if they occur in functionally sensitive areas. Treatment options include. curettage and electrodesiccation,surgical excision, mohs micrographic surgery ,carbon dioxide laser therapy.

Conclusion:-

In conclusion, this report describes the clinico-dermoscopic features of pigmented trichilemmoma in a patient with white skin that mimics other pigmented tumours .



Figure 1:- Nodule of the nose , grey-blue color with a peripheral desquamation and centered by an ulceration.



Figure 2:- Dermoscopy showed white keratin , blue-gray ovoid nests, ulceration , and arborizing telangiectasias.



Figure 3:- Improvement after cryotherapy.

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