



TRICHOEPITHELIOMA – A CASE REPORT

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<p>Article Info <i>Received 15/10/2015</i> <i>Revised 28/12/2015</i> <i>Accepted 03/02/2016</i></p> <p>Key words: Trichoepithelioma, nodule, Benign neoplasm</p>	<p>ABSTRACT Trichoepithelioma is an autosomal dominant disorder, characterized by skin coloured nodular lesion, this disease commonly manifests over the cheek, eyelids and nasolabial fold. Trichoepithelioma is a benign neoplasm of adnexal origin. We report a case of Trichoepithelioma in a postmenopausal woman, involving the central face.</p>
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INTRODUCTION

Trichoepithelioma is a hamartoma of hair germ cells [1-2]. This cosmetically disfiguring condition was first described by Brooke and Fordyce and categorized by Headington and French [3]. It can occur either as solitary or multiple lesions mostly seen over the face. Gene associated with multiple trichoepitheliomas has locus on chromosome 9p21. Sporadic cases however have been found to have deletions at chromosome 9q22.3 [4].

CASE REPORT

A 52 year old postmenopausal female, came to our Skin OPD with complaints of asymptomatic raised lesions over the nose for more than 3 decades. First appearing in few numbers over the nose, it progressed to increase in size and number, and resulted in the current picture. The lesions were not associated with pain or discharge, patient did not have similar lesion anywhere else in the body. She gave history of recurrence following multiple episodes of electrocautery in the past. There was no history of joint pain or stiffness, fever with rash, loss of weight, scarce hair over scalp, visual disturbance, drooping of eye lids, or muscle weakness at any part of the body. There was no history of any co-morbidity. No significant

family history. Dermatological examination revealed multiple nodules present over the nose, extending from glabella, spreading over the entire nose, nasolabial folds bilaterally and also including philtrum (Fig.1). Systemic examination was normal.

Skin biopsy was taken from a nodule and histopathology examination revealed well demarcated dome shaped lesions composed of aggregation of cells that resemble basal cells in cribriform pattern, in the upper portion of dermis, surrounded by fibrous stroma, in which multiple clefts are present, suggestive of Trichoepithelioma.

Diagnosis was made with the help of clinical history, examination and histopathology examination.

DISCUSSION AND CONCLUSION

Synonyms: Epithelioma adenoides cysticum, Brook's tumour, multiple benign cystic epitheliomas. Trichoepithelioma is a benign tumour of follicular germinative cells. Multiple trichoepitheliomas are transmitted as autosomal dominant disorder with anomaly in chromosome 9p21. Initial lesion mostly occurs in childhood and increases in number gradually. Clinically



the lesions appear as numerous rounded, skin coloured, firm papules or nodules, commonly over the cheek, eyelid and nasolabial fold [3]. Trichoepithelioma occurring over scalp, neck and upper trunk have also been reported [2].

Histopathology examination reveals characteristic Horn cells which are full keratinized in the center and surrounded by basophilic cells, similar in appearance to cells in basal cell carcinoma, except they lack high grade of atypia. Second feature commonly found is presence of tumour islands made up of basophilic cells that are similar to epidermal basal cells, arranged in net like pattern.

Diseases that need to be ruled out are Acne and Angio fibroma. Trichoepithelioma often occurs alongside cylindroma, latter being inherited dominantly [2]. Cosmetically disfiguring, this condition very rarely transforms into basal cell carcinoma, in case of which adequate excision and histopathological examination is warranted. Treatment being required only for cosmetic reason, recurrence has often been reported [1]. Available treatments for this disease are surgical excision, curettage, and dermabrasion. Carbon dioxide laser with high energy pulse has also shown improvement [5].

Figure 1. Clinical photograph showing multiple nodules over the central face



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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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