

Giant Trichilemmal Cysts Mimicking an ox Horn associated with an Occipital Lipoma: An Observation at the Dermatology Hospital of Bamako

Dr. Mamoudou Diakité^{1*}, Tall Koureissi¹, Hawa Thiam^{1,2}, Cissé lamissa¹, Dissa Labassou¹, Koné Chacka¹, Bamba Ismaila¹, Simpara Bakary¹, Savané Moussa¹, Sylla Ousmane¹, Faye Ousmane^{1,2}

¹Hospital of Dermatology of Bamako (HDB), Mali

²Faculty of Medicine and Odontostomatology of Bamako (FMOS), Mali

DOI: [10.36347/sasjm.2023.v09i05.017](https://doi.org/10.36347/sasjm.2023.v09i05.017)

| Received: 06.04.2023 | Accepted: 10.05.2023 | Published: 16.05.2023

*Corresponding author: Mamoudou Diakité

Hospital of Dermatology of Bamako (HDB), Mali

Abstract

Case Report

Summary: The pilar cyst or trichilemmal is a benign tumour of the skin appendages. This tumour develops on the isthmic part of the pilar follicle and is characterised histologically by trichilemmal keratinisation. We report a case of bilateral giant temporal trichilemmal cysts with a giant occipital lipoma. **Observation:** This is a 53-year-old patient who presented with multiple scalp lesions that had been present for three years. On clinical examination, there were two bilateral symmetrical temporal tumours with an occipital mass. Histology revealed a trichilemmal cyst for the temporal and a lipoma for the occipital.

Keywords: Cyst, trichilemmal, lipoma, Bamako.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

The pilar or trichilemmal cyst is a benign tumour of the skin appendages. This tumour develops on the isthmic part of the hair follicle and is characterised histologically by trichilemmal keratinisation [1]. The preferential location is the scalp, mostly in young adults [2, 3]. It is rare and progression to squamous cell carcinoma is possible. The trichilemmal cyst is usually isolated. Association with other tumours is rarely described. We report a case of bilateral giant temporal trichilemmal cysts with a giant occipital lipoma.

OBSERVATIONS

The patient was 53 years old and presented with multiple scalp lesions that had been present for three years, with no previous history and no similar lesions in his family. On physical examination, the patient presented with stable vital signs. On the hairless

skin, three tumour masses were found, two of which were located in the left and right temporal region measuring 20cm/5cm and 22cm/7cm in diameter respectively, with an alopecic and smooth, magnifying glass-like surface of soft consistency dotted with telangiectasias, not adherent. An occipital mass measured 25 cm/10cm, firm and adherent, not alopecic, painless to palpation and covered with normal coloured skin. The lymph nodes were free. The diagnosis of trichilemmal cyst and lipoma was confirmed by further examination. The surgical incision revealed, for the two temporal cysts, a soft, pasty, greyish coloured content dotted with small whitish seeds, all encapsulated in a thick bag with little adhesion to the neighbouring structures in favour of the trichilemmal cyst lesions. The scan of the neck revealed a large, multi-lobed fatty mass in favour of a lipoma. The postoperative course was favourable.

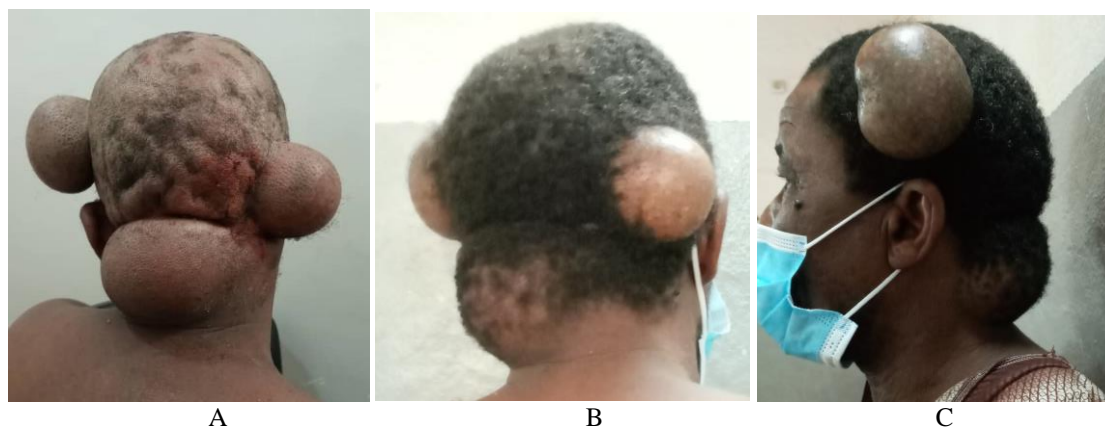


Image 1: Two temporal trichromal cysts before surgical removal



Image 2: Intraoperative image of a temporal cyst with pasty contents



Image 3: Post-operation image at D7

DISCUSSION

We report a case of bilateral temporal trichemmal cysts associated with an occipital lipoma after surgical excision and confirmed by histology. Trichemmal cysts are mainly seen in elderly women [1]. Our case is male, which may be coincidental as

there is no explanation in the literature. Several authors have described that the preferred site of this tumour is the scalp (90% of cases); more rarely, other locations have been reported (neck, face, pubis, rectum, vulva, limbs, etc.) [2-5]. The giant nature of our case led to confusion with the malignant case. The malignant case

will present clinically with excessive proliferation with ulcerations and histologically with severe atypia with marked anisokaryosis, numerous mitoses, some of them abnormal, dyskeratotic cells, necrotic areas, desmoplastic stroma and peripheral infiltration. There is often a benign component [6, 7]. These features were not present in our case. Our case is still peculiar in its association with a giant occipital lipoma. This association could be fortuitous. However, we should investigate the etiology of this association. Therapeutically, the surgical removal is simple in the benign form.

CONCLUSION

The trichilemmal cyst is benign and the association with a lipoma is rarely described. We suggest an etiological investigation of these cases.

REFERENCES

1. ElBenaye, J., Elkhachine, Y., Sakkah, A., Sinaa, M., Moumine, M., Jakar, A., & Elhaouri, M. (2017, July). Malignant proliferating trichilemmal cyst of the scalp: A case report. In *Annales de Chirurgie Plastique et Esthetique* (Vol. 63, No. 1, pp. 97-101). <http://dx.doi.org/10.1016/j.anplas.2017.06.003>
2. Kang, S. J., Wojno, T. H., & Grossniklaus, H. E. (2007). Proliferating trichilemmal cyst of the eyelid. *American journal of ophthalmology*, 143(6), 1065-1067.
3. Karaman, E., Duman, C., & Yagiz, C. (2009). Giant trichilemmal cyst at the neck region. *Journal of Craniofacial Surgery*, 20(3), 961-962.
4. Karaca, S., Kulac, M., Dilek, F. H., Polat, C., & Yilmaz, S. (2005). Giant trichilemmal cyst of the gluteal. *Dermatol Surg*, 31, 1734—6.
5. Falleti, J., Cuccuru, A., & Mignogna, C. (2009). Proliferating trichilemmal cyst of the vulva. *Clin and Exp Dermatol*, 34, e459—60.
6. Masui, Y., Komine, M., Kadono, T., Ishiura, N., Maekawa, T., Ihn, H., ... & Tamaki, K. (2008). Proliferating tricholemmal cystic carcinoma: a case containing differentiated and dedifferentiated parts. *Journal of cutaneous pathology*, 35, 55-58.
7. Bury, Y., & Bloxham, C. (2009). Proliferating trichilemmal tumor. *Diagnostic histopathology*, 15, 273—8.