

Trichofolliculoma: Is It A Recurrence? A Case and Review of the Literature

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Abstract

Original Research Article

Trichofolliculoma is a benign adnexal tumor of the hair follicle. Usually presenting as a solitary lesion associated with a tuft of vellum hair. Given the rarity of published cases of trichofolliculoma and its non-consensual treatment, we found it useful to report this observation with a review of the literature. Is it a recurrence?

Keywords: adnexal tumor, nose, treatment, recurrence.

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INTRODUCTION

Trichofolliculoma is a rare adnexal tumor of hair follicular origin. its etiopathogenesis remains very poorly understood [1, 2].

This tumor usually occurs in the head and neck area as a solitary nodule with a central umbilication and a protruding tuft of fine hairs. However other multiple forms, rarer, have been reported on the upper limbs, scrotum, and penis [1, 3].

Adnexal tumors can differentiate into many malignant or benign subtypes. The distinction between malignant and benign is based on the pathological examination and also on the anatomic-clinical comparison [2].

Given the rarity of published cases of trichofolliculoma and its non-consensual treatment, we found it useful to report this observation with a review of the literature.

CASE REPORT

Our case was a 66-year-old patient, followed for a heart disease during treatment, presenting an ulcerative lesion evolving for 3 months after an excision of a trichofolliculoma of the nasal dorsum, the clinical examination objectified an ulceration with a crust of the middle third of the nasal dorsum, painless, non-bleeding on contact, measuring 1 cm. (fig.1) under local anesthesia, the patient underwent a large excision with reconstruction with full-thickness skin graft (fig.2, 3). Histological examination of the surgical specimen

revealed a stratified squamous cell epithelium of the central infundibular with strands containing hair follicles of varying degrees of maturation. The central cavity contains many lamellae of keratin. So, the certain diagnosis of trichofolliculoma has been made. over a 12-month follow-up, no recurrence was noted.



Fig-1: Pre-operative view: Ulceration with a crust of the middle third of the nasal dorsum



Fig-2: Per-operative view: after a large excision



Fig-3: Post-operative view: reconstruction with full-thickness skin graft.

DISCUSSION

Trichofolliculoma is a rare benign tumor consisting of a pilosebaceous follicle hamartoma. Clinically, by the presence of a round, oval, or linear smooth, yellowish patch or plaque [5, 6].

Trichofolliculomas occur primarily over the face, scalp, and neck. The lesion could impose for another diagnosis: basal cell carcinoma, dermal nevus, fibrous papule of the nose keratoacanthoma, a trichoblastoma [2, 7]. The characteristic histopathological features of trichofolliculoma include a squamous epithelium lined keratin containing dermal cyst with radiating hair follicles from the cyst wall [8].

Two variants of trichofolliculomas include folliculosebaceous cystic hamartoma that may represent an evolutionary stage and sebaceous trichofolliculoma. Immunohistochemistry could demonstrate abundant proliferative follicular epithelial cells in fully developed trichofolliculomas, whereas trichofolliculomas at a late stage showed a markedly decreased staining pattern. Anti-cytokeratins Nos. 8, 18, and 20 revealed a striking hyperplasia of Merkel cells in all Developmental stages of trichofolliculoma. These histopathological features tend to differentiate trichofolliculomas from other hair follicular tumors [9, 10].

Simple surgical excision is the treatment of choice for trichofolliculoma. While the surgical margins and the technical analysis of these margins should be discussed, ideally during a multidisciplinary consultation, for malignant adnexal tumors according to the criteria of risk of recurrence and metastasis [8].

Even though trichofolliculomas are considered benign, perineural invasion has been described in one patient as well as recurrence after excision. One case report described multiple recurrences of trichofolliculoma. However, there have been no other

documented cases of recurrence if the original trichofolliculoma was properly excised or biopsied. Our case responds to this problem [10]. To our knowledge, no case of malignant transformation of trichofolliculomas has been reported. However, this diagnosis should be one of the differential diagnoses of skin tumors and its management should consist of adequate resection with clinical monitoring.

Competing interests

The authors declare no competing interests.

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