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Research Paper

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PILAR TUMOR-A RARE CASE

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ABSTRACT

Pilar tumor is a rare neoplasm arising from the external root sheath of the hair follicle and is most commonly observed on the scalp. These tumors are largely benign, often cystic, and are characterized by trichilemmal keratinization. Pilar tumors were first recognized by Wilson-Jones in 1966 and since then there have been various case reports describing the pathological aspects

Due to the rarity of this histopathological entity there are no guidelines available for the management of these tumors. Till date, the standard treatment has been wide local excision. The role of radiation therapy and chemotherapy, especially in the malignant variant, is not established.

We report a patient who was diagnosed as having a malignant pilar tumor of the scalp and had metastases to the lymph nodes at presentation. The aim of this report is to create awareness regarding this particular entity, considering its rare presentation and the need to differentiate these tumors from squamous cell carcinoma of head and neck region.

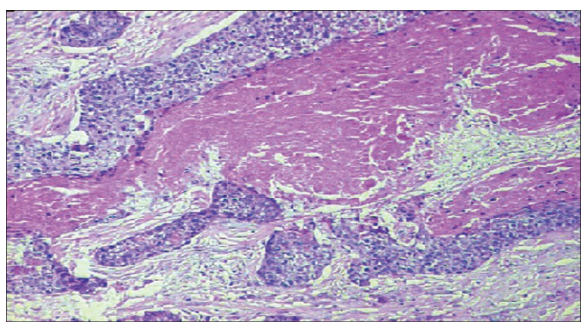
CASE-REPORT

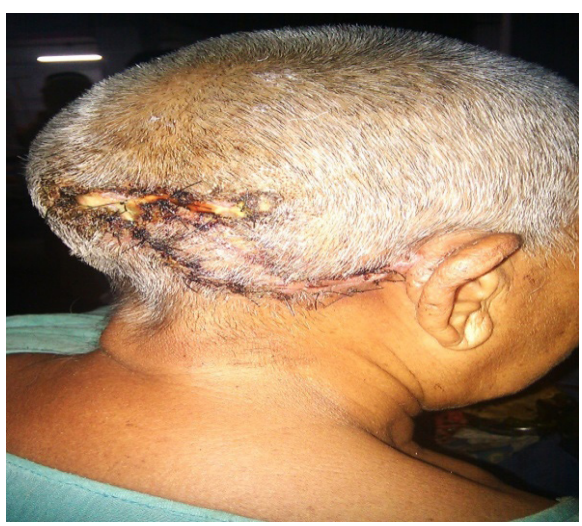
A 71 year-old lady presented with a gradually increasing swelling over the scalp since 10 year. It had occurred spontaneously and was not associated with any history of trauma; there was no past history of a similar tumor anywhere in the body. It was a painless, nontender swelling, with no associated hair loss, skin changes, or other symptoms. h/o trivial trauma 1 month back and develop ulcer

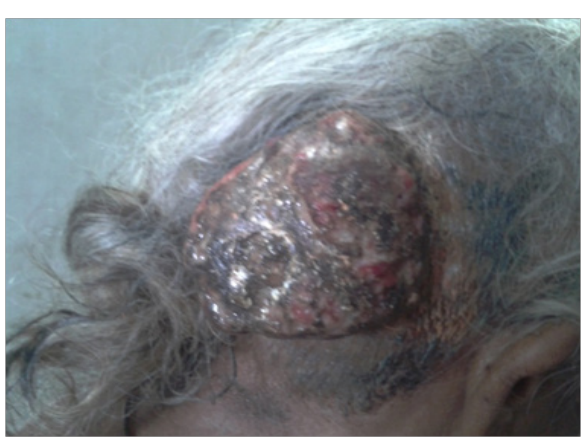
On examination, she had a 10 × 7 cm fungated growth on her scalp, over the left parietooccipital region, with ulceration of the overlying skin. The tumor was not fixed to the underlying skull or periosteum.

Contrast-enhanced computerized tomography (CT) scan of the head and neck region revealed a heterogeneously enhancing, extracranial, subgaleal, high parietal, soft tissue swelling without any obvious bone erosion.

A wide excision of the scalp tumor along with posterolateral neck dissection on both sides was performed under general anesthesia. Peroperatively, the tumor was firm to hard in consistency, with fungation of the overlying skin; it was moderately vascular and well demarcated, with discrete borders. It was free from the underlying skull and periosteum. Complete surgical excision was achieved. Reconstruction of the defect was done with a skin flap from the left thigh. Histopathological report-low grade malignant proliferating pilar tumor







DISCUSSION

Tumors of adnexal components of the skin are exceptionally rare and were first reported in 1966 by Wilson-Jones as an entity which can simulate squamous cell carcinoma. [2] They are also known as tricholemmomas or trichochlamydocarcinomas (or invasive hair matrix tumor). [5] These tumors are more common in women and most scalp lesions are benign. Lanugo hair follicles of the bald scalp and follicles of other areas devoid of non-terminal hair are unlikely to produce these tumors. Therefore pilar tumors are not seen in the bald scalp, being more common in areas with excess hair growth. [5] These pilar tumors arise through increased epithelial proliferation within pilar or sebaceous cysts. Hence, patients frequently give a history of a long-standing cyst at the same site. In the majority of the cases reported earlier, the tumor had been present for many years before progression. [3] Some authors tried to predict the behavior of the pilar tumor on the basis of the invasive nature of the tumor. Meta-analysis of 185 patients of 8 reported series confirmed the presence of the aggressive variant of the malignant pilar tumor, which has tendency to recur and metastasize distantly. [2],[3],

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