



A CASE OF PIGMENTED TRICHOBLASTOMA

Dermatology

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ABSTRACT

Trichoblastoma presents clinically as a slowly growing, solitary, well circumscribed nodule, predominantly in head and neck area. Most commonly it is seen in the 5th to 7th decade. It has to be differentiated from other conditions like nodular basal cell carcinoma. Wide surgical excision is the treatment of choice

KEYWORDS

pigmented trichoblastoma, trichoblastoma

CASE HISTORY

A 65yr old female patient came with c/o swelling over forehead since 6 months

Patient was apparently well 2 years back when she developed pea sized nodule on forehead above left eyebrow. 6 months later due to minor injury while combing, it started bleeding however it resolved on its own. 1 year later, she suffered minor injury while combing. It started increasing in size.

CASE HISTORY

A hyperpigmented nodule with yellowish crusting approximately 3x3 cm in size, on the forehead above the left eyebrow with well defined borders and sloping margins A pigmented papule, probably a compound naevus 1x1cm in size was noted just above the lateral end of left eyebrow.

INVESTIGATIONS

CBC, ESR, LFT, RFT, Urine routine microscopy, Sr cholesterol, BSL-fasting & post prandial were within normal limits Chest X Ray was Normal . CT Scan showed Soft tissue swelling in left frontal scalp region ECG was normal



Figure 1: hyperpigmented nodule with yellowish crusting

DIFFERENTIAL DIAGNOSIS

A differential diagnosis of Nodular Basal cell carcinoma, Pigmented Basal cell carcinoma, Keratoacanthoma & Nodular melanoma was kept aside

HISTOPATHOLOGY

The biopsy showed a large, circumscribed basaloid tumour with no epidermal connection. Tumour is spanning the entire dermis and showed irregular nests of closely packed lobules of basaloid cells. Large islands of basaloid tumour exhibit peripheral palisading and higher power showed epithelial sticking reminiscent of follicular germs. Few islands of tumour are pigmented with melanin and occasional necrotic areas are seen. Tumour being oriented around the hair follicle showed infundibular plugging. A diagnosis of pigmented trichoblastoma was thus made

TREATMENT

Surgery opinion was taken & wide excision was advised.

DISCUSSION

Trichoblastoma presents clinically as slowly growing, solitary, well circumscribed nodule, predominantly in head and neck area. Most commonly it is seen in the 5th to 7th decade. Trichoblastoma is the most common neoplasm developing in nevus sebaceous of Jadassohn. A rare case of trichoblastoma with sebaceoma has been reported. A rare case of trichoblastoma with apocrine & sebaceous differentiation has been reported. There are very few cases of pigmented trichoblastoma reported in the literature.

In WHO classification, "trichoblastoma" refers to tumours that differentiate toward the follicular germ and groups together conditions that were previously referred to as trichoepithelioma, desmoplastic trichoepithelioma (sclerosing epithelial hamartoma), trichoblastic fibroma, trichogenic trichoblastoma, cutaneous lymphadenoma (adamantinoid trichoblastoma), and trichogerminoma.

Clinical dermatologists being familiar with these older terms, the newer terminology is followed by the conventional name in brackets. Trichoblastomas usually present as a solitary, small papule on the head & neck.

Multiple lesions may be present in Brooke-Fordyce and Brooke-Spiegler diseases where they are seen as dome shaped, yellowish papules and nodules in the nasolabial folds and adjacent skin. Biopsy reveals combinations of epithelium of the follicular germ and stroma that invaginates the epithelium like a hair papilla. Trichoblastomas occur in following patterns: nodular, retiform, cribriform, racemiform, & columnar. Biopsy reveals horn cysts and strands of epithelium in the upper dermis compressed by dense fibrous stroma. Multiple trichoblastomas /trichoepitheliomas (Brooke- Fordyce disease) are inherited as an autosomal dominant trait that has been mapped to chromosome 9p21. Multiple trichoblastomas /trichoepitheliomas and cylindromas (Brooke-Spiegler disease) has been linked to chromosome 16q12-q13. Sporadic trichoblastomas /trichoepitheliomas have demonstrated deletions in the patched gene at chromosome 9q22.3.

Excision of trichoblastomas may be undertaken for cosmetic purposes.^{2,3}

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