ORIGINAL RESEARCH PAPER

Dermatology

KEY WORDS: Trichoepithelioma, Multiple, Non-familial

MULTIPLE TRICHOEPITHELIOMAS- A CASE REPORT

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ABSTRACT

Trichoepithelioma, a benign tumour of the adnexa is usually solitary and rarely multiple and familial. Here we report a case of multiple trichoepitheliomas without any similar lesions in the family.

INTRODUCTION:
Trichoepithelioma is a rare benign adnexal tumour which is commonly non-familial and solitary or multiple and familial that usually occurs in early childhood or adolescence. We report a 43-year-old female with multiple non-familial trichoepitheliomas.

CASE REPORT:
A 43-year-old female patient presented to the skin OPD with complaints of multiple, red, raised lesions over the face, which were asymptomatic. No history of similar lesions in the family. On examination, multiple, symmetrical erythematous papules were seen on the face predominantly over the nasolabial folds, nose, upper and lower lips, ears and over the eyebrows. Few papular lesions could be appreciated over the dorsum of hands.

Biopsy from one of the lesions revealed the presence of horn cyst and islands of basophilic cells with palisading nuclei.

Based on the above mentioned findings, we made a diagnosis of multiple, non-familial trichoepitheliomas.

DISCUSSION:
Trichoepithelioma also known by the names, Brooke's tumour, Multiple Benign Cystic Epithelioma and Epithelioma Adenoides Cysticum1 is a benign tumour of the pilosebaceous unit which usually presents earlier in life.

Trichoepitheliomas present as solitary or multiple symmetrical skin coloured papules commonly over the nasolabial folds, but can also be appreciated over the nose, forehead, scalp, malar areas and rarely on the neck, trunk and vulva. The lesions are small in the initial stages and progressively enlarge in size.

Trichoepitheliomas are usually solitary and non-familial or familial and multiple. The familial forms have an autosomal mode of inheritance2 and are associated with a number of syndromes like Brooke-Spiegler syndrome, Bazex syndrome, Rombo syndrome and Familial Cylindromatosis3.

Multiple, non-familial trichoepitheliomas are uncommon4.

Histopathology of the lesion will show horn cysts and tumour islands composed of basophilic cells with basaloid appearance arranged in a peripheral palisading pattern5.

Multiple trichoepitheliomas have a rare tendency to transform into malignancy commonly basal cell epithelioma6.

These lesions will have to be differentiated from syringomas, angiofibromas , basal cell epithelioma and other adnexal tumours6.

Treatment is mainly for cosmetic concerns and includes cryotherapy, radiofrequency ablation, dermabrasion, surgical excision and carbon dioxide lasers. Recurrence is common and long term follow up is necessary to rule out transformation into basal cell epithelioma6.

CONCLUSION:
Multiple non-familial trichoepitheliomas are rare and reports on them are relatively sparse.

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Conflict of interest: The authors declare that they have no conflict of interest.

LEGENDS TO FIGURES

Figure 1: Multiple trichoepitheliomas over the face

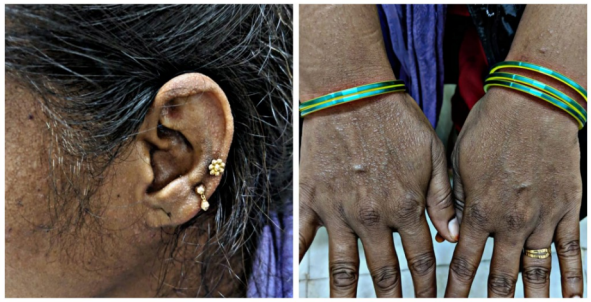

Figure 2: Multiple trichoepitheliomas over the ear and dorsum of the hands

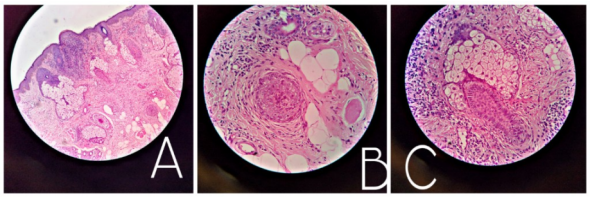

Figure 3:
A: Low power view showing islands of basaloid cells with palisading nuclei with horn cysts
B: Horn cyst
C: A basaloid island with peripheral palisading nuclei

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