



E-ISSN: 2708-0064

P-ISSN: 2708-0056

JCRSI 2024; 6(1): 12-13

www.allcasereports.com

Received: 21-11-2023

Accepted: 29-12-2023

Amani Fliti

Department of Dermatology
and venerology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Meryem Elomari Alaoui

Department of Dermatology
and venerology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Kaoutar Znati

Department of
Histopathology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Nadia Ismaili

Department of Dermatology
and venerology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Mariame Meziane

Department of Dermatology
and venerology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Laila Benzekri

Department of Dermatology
and venerology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Karima Senouci

Department of Dermatology
and venerology, University
Hospital Center Ibn Sina,
University of Mohamed V,
Rabat, Morocco

Corresponding Author:**Dr. Naveen R**

Assistant Professor,
Department of Radio
Diagnosis, SVS Medical
College, Mahabubnagar,
Telangana, India

Dermoscopy of trichilemmoma

Amani Fliti, Meryem Elomari Alaoui, Kaoutar Znati, Nadia Ismaili, Mariame Meziane, Laila Benzekri and Karima Senouci

DOI: <https://doi.org/10.22271/27080056.2024.v6.i1a.71>

Abstract

Trichilemmoma is a benign cutaneous tumor originating from the outer root sheath of hair follicle. We report the dermoscopic features of a case of trichilemmoma. Dermoscopy revealed white structures, hemorrhagic areas on an erythematous background with dots vessels and rare hairpin vessels.

Keywords: Trichilemmoma, dermoscopy, benign cutaneous tumor

Introduction

Trichilemmoma is a benign cutaneous tumor originating from the outer root sheath of hair follicle. Dermoscopic characteristics of Trichilemmoma have been rarely reported; Hence we report dermoscopic features of a case of trichilemmoma.

Case report

A 68 -year-old healthy man with no medical history presented with a 3-months history of an asymptomatic, slow growing papule on the upper lip without history of trauma .Physical examination revealed a 5 mm smooth, skin-colored, dome-shaped papule. (Fig 1A).

Dermoscopic examination of the lesion revealed white structures, hemorrhagic areas on an erythematous background with dots vessels and rare hairpin vessels . (Fig 1B).

Surgical excision was made with histologic examination showed a tumor proliferation in the superficial dermis in contact with the epidermis. It was made up of basaloids cells in the periphery and clear central cells without atypi (Fig 2).Diagnosis of trichilemmoma was established, and CBC was ruled out.



Fig 1: A: 5 mm smooth, skin-colored, dome-shaped papule/ B: Dermoscopic findings: white structures, hemorrhagic areas on an erythematous background with dots vessels and rare hairpin vessels

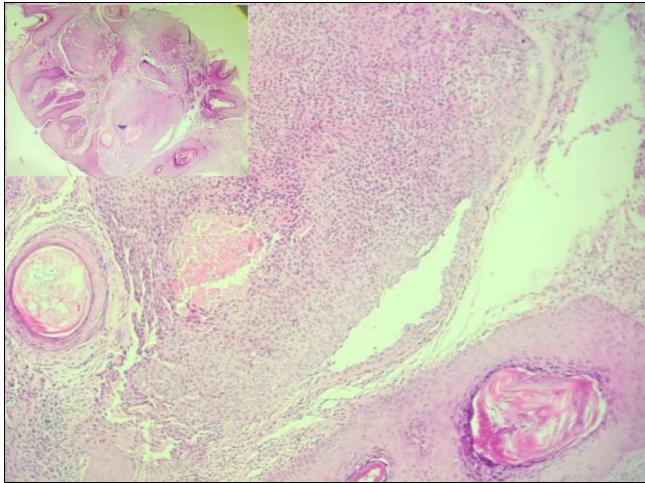


Fig 2: histologic examination: A tumor proliferation in the superficial dermis in contact with the epidermis, made up of basaloid cells in the periphery and clear central cells without atypia.

Discussions

In 1962, Headington and French first described trichilemmoma as a benign neoplasm with differentiation toward pilosebaceous follicular epithelium^[1], or outer root sheath.

It usually occurs on the face, ears, and neck but can also occur on forearms and hands.

Recently, Horcajada-Reales *et al.*^[2] have reported the dermoscopic characteristics of trichilemmoma: the red iris-like structures (radial peripheral linear vessels with distal thickening, taking on a triangular form); reflective whitish areas surrounding those vessels; and central hyperkeratotic masses (the latter 2 already described by Lallas *et al.*)^[3].

Than Lozano-Masdemont *et al.* described peripheral linear vessels arranged radially in a triangle formation, hairpin vessels surrounded by reflective whitish areas, and a central crusted and hyperkeratotic area^[4]. Our case has the same description as Lozano in terms of dotted and hairpin vessels, whereas we didn't find Horcajada-Reales description especially the red iris-like structures.

We aim to emphasize that the dermoscopic examination can be an extremely valuable and noninvasive tool in the orientation of diagnosis of a trichilemmoma. Histologic analysis remains key to confirm the diagnosis.

Acknowledgments

The authors thank all hospital staff and specialists for participation in this manuscript.

Funding: none

Conflicts of interest: The authors declare no conflicts of interest.

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How to Cite This Article

Fliti A, Alaoui ME, Znati K, Ismaili N, Meziane M, Benzekri L. Dermoscopy of trichilemmoma. Journal of Case Reports and Scientific Images. 2024;6(1):12-13.

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