



NASAL TRICHOFOLLICULOMA- A RARE PRESENTATION

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ABSTRACT

Trichofolliculoma is a rare benign neoplasm of the hair follicles. Mostly seen on face and head and neck region but its presentation in the nose is relatively rare. Here a case of nasal trichofolliculoma, the clinical picture and histopathological presentation is described in this case report

INTRODUCTION

Trichofolliculoma is a rare benign neoplasm arising from hair follicle. Although this tumour often shows a suggestive clinical appearance, an accurate diagnosis can only be established by proper histopathological examination. Owing to the rarity of this pathology we report a case of intranasal trichofolliculoma.

Originally described by Miescher, trichofolliculoma (hair follicle nevus) is highly structural hamartoma of the pilosebaceous unit, characterized by small dome shaped nodule some 5mm in diameter. A trichofolliculoma (from the Greek for hair and Latin for small bag) is a benign neoplasm which may occur at any age and most often on face or scalp. This tumour occupies a position between a hair nevus and immature trichofolliculoma. Trichofolliculoma occurs in adults as solitary lesion, usually on face but occasionally on the scalp or neck. It consists of a small, skin colored, dome shaped nodule. Frequently, there is a central pore. If such a central pore is present, a wool like tuft of immature, usually white hairs may be seen emerging from it, a highly diagnostic clinical feature. Trichofolliculoma is a follicularly differentiated hamartoma, usually described as showing many vellus follicles, spreading from central infundibular cyst. It is very rare in children although a case of congenital trichofolliculoma on the right cheek of a 3 month old child was reported by Ishli N and Kawagnchi (1992).

CASE REPORT

A 42 years old man attended ENT outdoor with complaint of small nodular swelling in the left nostril over the vestibule on the lateral wall at mucocutaneous junction for 2 years. There was no history of bleeding or nasal discharge.



Fig 1 Left nostril, mass at mucocutaneous junction

Due to the small size of the swelling, patient never had any complaints of nasal obstruction. Though, patient had the habit of palpating it with his finger but he never complained of bleeding or extrusion of any soft plataceous mass on squeezing. On examination, a firm mass of less than 1 cm in diameter was present over the lateral wall of left nasal cavity (Fig 1). It was neither pedunculated nor tender and no punctum could be visualized. A differential diagnosis of cyst was kept and the mass was excised under local anesthesia and submitted for histopathological examination. Biopsy report revealed it to be trichofolliculoma. Since it is a benign condition, the patient was sent home and is on regular follow-up.

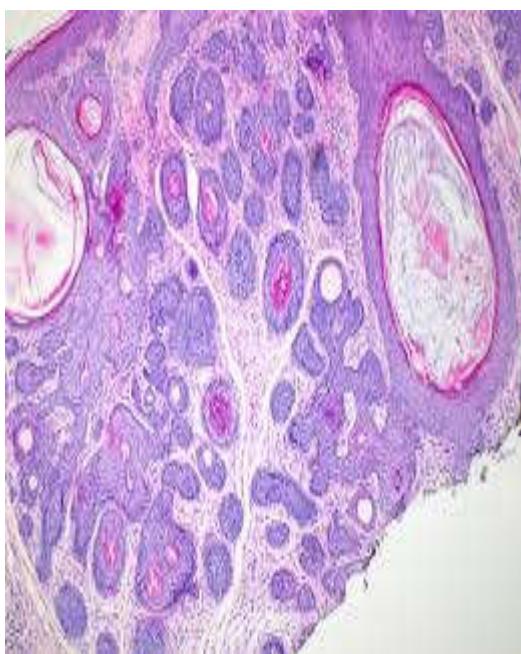


Fig 2 Histopathological report of trichofolliculoma of nose

DISCUSSION

On histologic examination, the dermis contains a large cystic space that is lined by squamous epithelium and contains horny material and frequently fragments of birefringent shafts. In cases with central pore, the large cystic space is continuous with the surface epidermis, an indication that it represents an enlarged, distorted hair follicle. In some cases, one or two additional cystic spaces are present in the dermis. Radiating from wall of these "primary" hair follicles are seen many small but usually fairly well differentiated "secondary" hair follicles, well developed secondary hair follicles often show a hair papilla.

Furthermore, they usually show an outer and an inner root sheath, the latter of which may contain eosinophilic trichohyaline granules and, located in the center, a fine hair. These fine hairs are visualized best where the secondary hair follicles appear in cross sections. Small groups of sebaceous gland cells may be embedded in the wall of the secondary hair follicles. In some of the more rudimentary secondary follicles, one observes a central horn cyst in place of hair as seen in Trichofolliculoma.

Histologic Differential Diagnosis

If the large cavity is not included in histologic sections, the differentiation of this tumour from trichoepithelioma and basal cell epithelioma may be difficult, since all may show anastomosing tracts of small dense cells with peripheral palisading. However, the PAS stain for glycogen is usually positive in trichofolliculoma and negative for others.

From the above, there is no doubt that Trichofolliculoma, as its name indicates, represents a fairly well differentiated hair tumour which, in degree of differentiation ranks above Trichoepithelioma.

The benign nature of the tumour indicates only simple removal such as an excisional biopsy or fulguration after suitable shave biopsy has been obtained.

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