

## Trichofolliculoma of the Nose: A Rare Disease

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### ABSTRACT

**Purpose:** The author wants to present a rare case of trichofolliculoma of nose.

**Patients and methods:** Clinical presentation, radiology, histopathological findings and management of the case has been presented.

**Results:** Patient has been on regular follow-up and planned for plastic reconstruction.

**Conclusion:** Trichofolliculoma, a benign hamartomatous lesion that develops at any age, usually presenting as a skin-colored nodule, correct histopathological diagnosis and treatment therefore, can lead to total removal of the benign lesion.

**Keywords:** Trichofolliculoma, Nasal, Hamartoma.

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**Conflict of interest:** None declared

### INTRODUCTION

Trichofolliculoma is a benign hamartomatous lesion that develops at any age, usually seen in adults and typically involves the face and scalp. It is believed that trichofolliculomas represent abortive differentiation of cutaneous pluripotent stem cells toward hair follicles. They usually present as skin-colored, single or multiple small nodules with central epidermal ostium, in which hair emerge. Congenital and childhood presentations of this lesion are exceedingly rare.

### CASE REPORT

A 35-year-old female visited the outpatient department with a mass over tip of nose for 4 years, left sided nasal discharge for 1 year and left sided nasal obstruction for 2 months. It first appeared as a 1 × 1 cm nodule with continuous growth until her first presentation to our department. No other skin lesions were found and no family history of similar lesions was mentioned. The clinical examination revealed a multinodular wide-based mass, measuring 6 × 5 cm in diameter over the dorsum of nose, overlying skin showed hair follicle and puncta with well-defined margins (Fig. 1). On anterior rhinoscopy. A pink polypoidal mass seen involving left vestibule and columella going along the septum filling the left nasal cavity. On posterior rhinoscopy, mass seen posteriorly reaching till left posterior choana. The nasal endoscopy was done—a single pink polypoidal mass in continuity with the external mass

seen along the septum onto the roof of the left nasal cavity reaching till posterior choana. The fine-needle aspiration suggested—cluster of sebaceous cells (Fig. 2). The biopsy of external lesion showed features of trichofolliculoma, and the biopsy of internal mass showed inflammatory polyp. Due to midline localization of the lesion, a computed tomography (CT) scan was performed in order to exclude any possible intracranial connection (Fig. 3). Then, the patient underwent complete surgical resection of the lesion under general anesthesia. Microscopically, the epidermis was normal, the dermal lesion was composed of markedly dilated follicular cystic structures with sebaceous lobules radiating from its wall, cystic structures lined by keratinized squamous epithelium and some bizarre-shaped follicular structures



Fig. 1: Clinical presentation of the patient

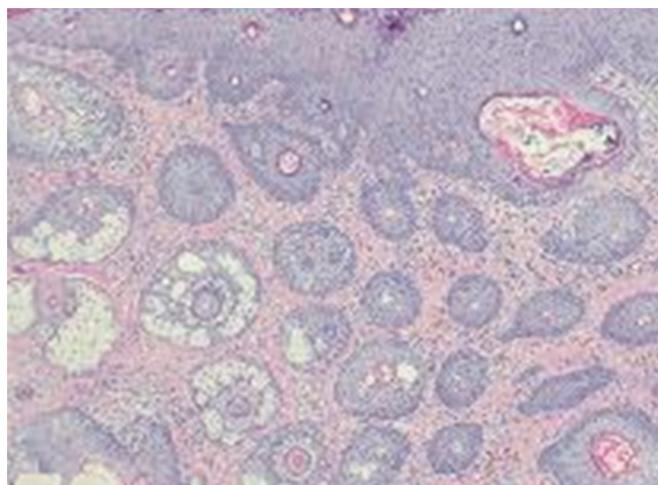


Fig. 2: Histopathological slide showing features of trichofolliculoma



**Fig. 3:** The NCCT scan of the patient with axial and coronal sections showing the mass

which were all surrounded by mesenchymal stroma within the dermis and subcutis.

## DISCUSSION

Sebaceous trichofolliculoma, a hitherto unrecognized variant of trichofolliculoma, is a clinically and histologically easily recognizable tumor of higher than usual differentiation.<sup>1</sup> Trichofolliculoma was first described by Miescher.<sup>2</sup> It is a circumscribed, congenital malformation with an excess of hairs which are usually exaggerated not only in number, but also in length, thickness and pigmentation.<sup>3</sup> Usually, it presents as a small solitary facial nodule with two to three hairs protruding together in a small tuft.<sup>4</sup> Trichofolliculoma is designated by ORD-NIH as a rare tumor. The prevalence in UK is one in 200,000 population. Three cases reported so far over nose in 1997 (France), in 2002 (Taiwan), in 2009 (Korea). Tumor may be multiple and usually located on cheek and nose but may be seen in other areas as well, such

as intranasal, upper eyelid margin, mid philtrum of upper lip, scrotum and penis and vulva.

Malignant changes in trichofolliculoma have been reported; therefore, full thickness completely primary excision of the tumor is important, and local steroid preparations should not be used.<sup>5</sup>

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