

CLINICOPATHOLOGICAL STUDY OF BENIGN HAIR FOLLICLE TUMOURS

Dr. Priyanka R. M.*¹, Dr. Tongbram Soni Devi², Dr. P. Karkuzhali³Postgraduate¹, Postgraduate², Professor & HOD³
Department of Pathology, Sbmch Chennai, Tamilnadu.

*Corresponding Author: Dr. Priyanka R. M.

Postgraduate Department of Pathology, Sbmch Chennai, Tamilnadu.

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ABSTRACT

Benign follicular tumours comprise a large and heterogeneous group of neoplasms that share a common histogenesis and display morphological features resembling one or several portions of the normal hair follicle, or recapitulate part of its embryological development. Most cases present it as clinically nondescript single lesions and essentially of dermatological relevance. Occasionally, however, these lesions be multiple and represent a cutaneous marker of complex syndromes associated with an increased risk of visceral neoplasms. In this article, the authors present the main clinicopathological features and differential diagnosis of benign follicular tumours including pilomatricoma, trichofolliculoma, trichoblastoma and trichilemmal cyst are studied. A clinicopathological study of benign hair follicle tumours in our institution (SBMCH) with respect to age, sex, incidence, size & histopathology. Although the diagnosis of follicular tumours relies on histological examination, we highlight the importance of their knowledge for the clinician, especially when in presence of patients with multiple lesions that may be the cutaneous marker of a cancer-prone syndrome. The dermatologist is therefore in a privileged position to recognize these lesions which is extremely important to provide further propaedeutic, appropriate referral and genetic counseling for these patients.

KEYWORDS: Pilomatricoma, trichofolliculoma, trichoblastoma & trichilemmal cyst.

INTRODUCTION

Benign hair follicle tumors (BHFT) encompass a large number of relatively rare neoplasms defined by the type and degree of hair follicle differentiation as seen on their histologic examination.

They generally occur on the head and neck of adults as a nondescript slow-growing solitary papule or nodule, and are mostly of exclusive dermatologic relevance. However they can possess peculiar clinical features enabling the diagnosis and, most importantly, they may be the first clinical manifestation of complex visceral cancer-prone syndromes. In addition, some can mimic primary malignant skin neoplasms or possess a malignant counterpart from which they should be distinguished. Occasionally they can be misdiagnosed as benign or malignant sweat gland tumors.

Diagnostic criteria for BHFT are well established and, from a practical point of view, the main issue about these neoplasms concerns their differential diagnosis, i.e. the distinction among different BHFT depicting some type of hair follicle differentiation and the distinction between certain types of BHFT and basal cell carcinoma.^[1,2]

Their pathogenesis remains largely unknown. Loss of heterozygosity of mutated tumor suppressor genes has been implicated in the genesis of some sporadic cases of BHFT in an analogous manner to their respective hereditary counterparts.³ Additionally, in some cases a relationship with viral infection has been suggested.^[4]

As the precise diagnosis of these tumors, required by the reasons explained above, depends on the similarity of their histologic phenotype to the microscopic features of the normal hair follicle, a short review of the latter is provided emphasizing the distinctive characteristics of the different anatomical regions of the adnexal elements.

MATERIALS AND METHODS

All cases of benign hair follicle tumour from June 2015 – May 2017 were studied.

RESULTS

-About 13 cases were hair follicle tumours. Incidence was found to be higher in females compared to males with maximum cases in the age group of 21-40 years of age.

- Scalp was the most common location. Neck & face are less common in this study.

-Among histologic types, about 65% were found to be trichilemmal cysts.

DISCUSSION

In our study of benign hair follicular tumour trichilemmal cyst is the most common tumour occurring more in female population in age group of 21-60 years & more in the scalp areas which is similar to findings of Muktanjalee deka et al.

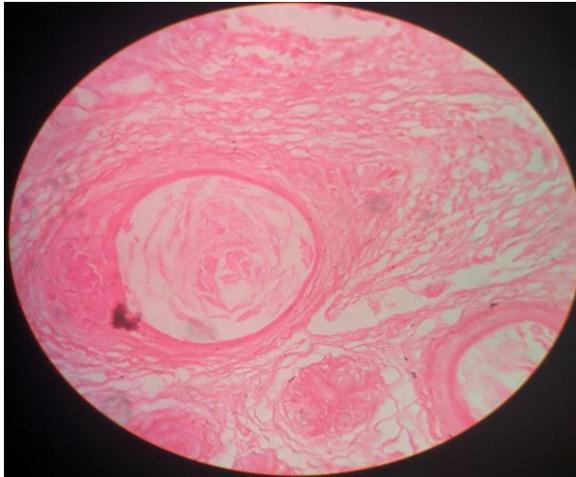


Fig. 1: Trichoblastoma (skin overlying nests of basaloid cells with hair follicle differentiation in a background of fibrous stroma).

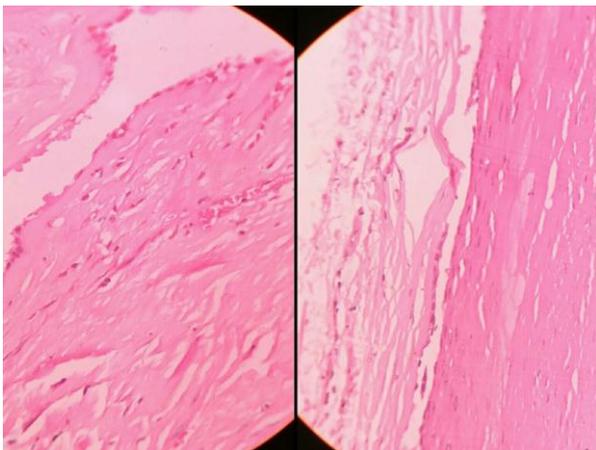


Fig. 2: Trichilemmal cyst (Cystic lesion lined by stratified squamous epithelium with abrupt keratinisation).

CONCLUSION

-Two cases of pilomatricoma, one each of trichofolliculoma & trichoblastoma were the rare cases seen.

-Hair follicular tumour can occur anywhere in the body but head neck & face region is found to be the common location.

-The majority of benign neoplasm are from soft tissue tumour group followed by appendageal tumours and the commonest accounted benign tumour is trichilemmal cyst.

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