

FOLLICULAR INFUNDIBULUM TUMOUR PRESENTING AS CUTANEOUS HORN

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Tumour of follicular infundibulum is an organoid tumour with a plate like growth attached to the epidermis with connection from the follicular epithelium. We are reporting such a case unusually presenting as cutaneous horn.

Key Words : Follicular infundibulum tumour, Eccrine poroma, Organoid tumour

Introduction

Tumour of follicular infundibulum is an unusual epithelial, organoid tumour, analogous anatomically to eccrine poroma.¹ The term tumour of follicular infundibulum is given by Mehregan and Butler to a benign hyperplastic lesion that extends from the follicular infundibulum as an epithelial plate connected to the overlying epidermis.

Case Report

A 55-year-old woman presented with multiple horny excrescences over the frontoparietal region of the scalp of 2 years duration (Fig.1). The horns on separation by the hand showed matted hairs and scales



Fig. 1. Multiple cutaneous horns over the scalp with alopecia.

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and the base was tender to palpate. On applying topical keratolytics, the horny excrescence got separated leaving behind a depigmented bald plaque. The plaque showed multiple follicular papules of varying sizes.

Clinical differential diagnosis of discoid lupus erythematosus presenting as horn and actinic porokeratosis were entertained.

Excision biopsy of one of the lesions and serial sectioning showed subepidermal proliferation of epithelial cells as a cord attached to the overlying epidermis by a pedicle and a small hair follicle entered the plate like growth and became unrecognisable (Fig.2). It was diagnosed as tumour of follicular infundibulum.

Discussion

The majority of the lesions have been

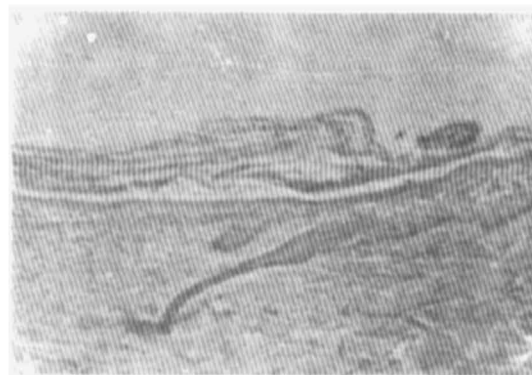


Fig. 2. Plate like epithelial growth attached to the epidermis.

solitary,² but in 3 cases multiple lesions were present.³ In all the cases lesions were asymptomatic except hypopigmentation. But our patient presented with alopecia and depigmentation with multiple horns over the scalp. Findlay et al⁴ reported one case with follicular plug, warty patches and scars over the head and neck.

The histopathology of the tumour of the follicular infundibulum is characterised by a plate like growth connected by pedicles to the overlying epidermis. Mehregan and Butler¹ demonstrated the connection of this tumour to the follicular external sheath at infundibular level. Dense brush like elastic tissue has been reported around the tumoral stroma.⁵ To our knowledge, no cutaneous horn caused by tumour of follicular infundibulum is so far reported.

References

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