

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of AI-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Bharti Aggarwal¹, Archana Singal¹

¹Department of Dermatology & STD, University College of Medical Sciences & GTB Hospital, Delhi, India.

Corresponding author:

Dr. Archana Singal,
Department of Dermatology & STD, University College of
Medical Sciences & GTB Hospital, Delhi, India.
archansingal@gmail.com

References

1. Noriega L, Gioia Di Chiacchio N, Cury Rezende F, Di Chiacchio N. Periungual lesion due to secondary syphilis. *Skin Appendage Disord* 2017;2:116–9.
2. Gabrielli C, Cardaci S, Malincarne L, Pasticcini MB. Non-primary nail-plate syphilis in an HIV-infected patient. *SAGE Open Med Case Rep* 2018;6:1–3.
3. Çakmak SK, Tamer E, Karadağ AS, Waugh M. Syphilis: A great imitator. *Clin Dermatol* 2019;37:182–91.
4. Singal A, Richert B. Bacterial, viral and other infections. In: Baran R, Berker D, Holzberg Mark, BM, Richert B, Thomas L, editors. *Baran & Dawber's Diseases of the nails and their management*. 5th ed. UK: John Wiley and Sons Ltd; 2019. p. 396–8.
5. Starzycki Z. Primary syphilis of the fingers. *Br J Vener Dis* 1983;59:169–71.
6. Ramoni S, Cusini M, Boneschi V, Galloni C, Marchetti S. Primary syphilis of the finger. *Sex Transm Dis* 2010;37:468.
7. Kingsbury DH, Chester EC Jr, Jansen GT. Syphilitic paronychia: An unusual complaint. *Arch Dermatol* 1972;105:458.

Reflectance confocal microscopy characteristics of trichofolliculoma

Dear Editor,

Trichofolliculoma is a relatively rare hair matrix malformation tumour, which can be diagnosed primarily on histopathological examination. Dermoscopic features of trichofolliculoma have been infrequently reported, and only one study has described its reflectance confocal microscopy (RCM) characteristics.¹ Thus, there is no consensus on the characteristics of RCM for trichofolliculoma, and the use of this modality for trichofolliculoma remains in the exploratory stage. We report the RCM findings of a lesion histologically diagnosed as trichofolliculoma.

A 44-year-old man presented with a three-year history of an asymptomatic hemispherical papule on the right side of his nose. The light red hemispherical papule which was located on the medial aspect of right ala measured approximately 0.4 cm x 0.5 cm. The lesion had a smooth surface and a central depression filled with a yellowish-white, keratin-like material, and was not tender. There were no hair structures visible on the surface to the naked eye [Figure 1a]. Dermoscopic examination revealed nonspecific features: pinkish-white, uniform, structureless areas with two central yellowish-white areas,² protruding black hair, brownish spots, and peripheral radiating bright white streaks accompanied with linear blood

vessels [Figure 1b]. Previously reported patterns, such as ‘mouldy peach’, ‘troll doll hair’, and ‘fireworks’, were not observed.^{3–5}

RCM examination of the patient's lesion revealed the following characteristics: 1) thinned epidermis with focal low-refractive areas and a visible normal honeycomb structure [Figure 2a]; 2) a reduced number of dermal papillary rings, with some appearing as semicircular crescents and with increased spacing (previously unreported) [Figure 2b]; 3) expanded hair follicles in the superficial and middle dermis, exhibiting medium-to-low refraction, and plump finger-like protrusions (medium to high refraction) extending along the hair follicles. Overall, the morphology resembled a ‘rabbit’, with flattened oval and elongated clumps of varying sizes radiating around the expanded hair follicles, appearing as ‘cloud-like radial flow’ [Figure 2c]. 4) uniform-sized clumps resembling cobblestones and exhibiting medium-to-high refraction are seen in Figure 2d; 5) thickened collagen fibres are arranged in bundles, adjacent to hair follicles and within the dermis [Figure 2e].

Histology demonstrated a prominent expansion of hair follicles in the dermis, containing keratinous material within the follicles. The follicular epithelium extended

How to cite this article: Sun HY, Wang J, Liu F, Li R. Reflectance confocal microscopy characteristics of trichofolliculoma. *Indian J Dermatol Venereol Leprol*. 2025;91:100-3. doi: 10.25259/IJDVL_714_2023

Received: July, 2023 **Accepted:** October, 2023 **EPub Ahead of Print:** February, 2024 **Published:** December, 2024

DOI: 10.25259/IJDVL_714_2023 **PMID:** 38595017

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.



Figure 1a: A light red hemispherical papule with a smooth surface and a central depression filled with yellowish-white, keratin-like material (white arrow).



Figure 1b: Dermoscopy: A uniform, unstructured pink and pinkish-white hemispherical papule (white circle) with two central yellowish-white depressions (yellow circle), protruding black hair (red arrow), brownish spots (black arrow), and radiating peripheral bright white streaks (blue arrow) accompanied by linear blood vessels (white arrow).

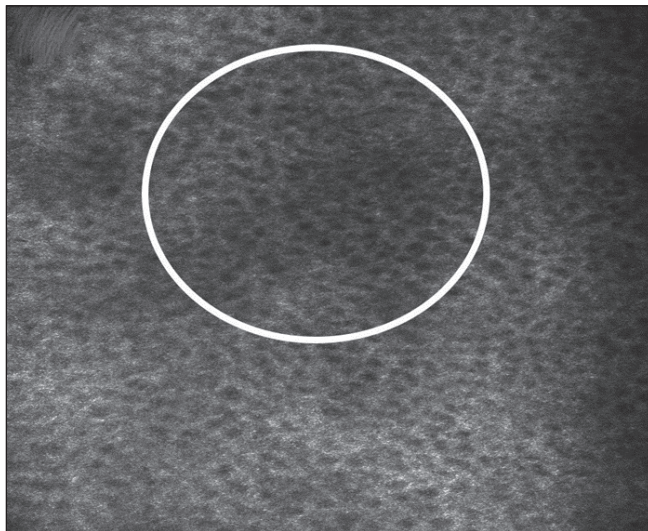


Figure 2a: Focal thinning of the epidermis visible as low-refractive dark areas (white circle).

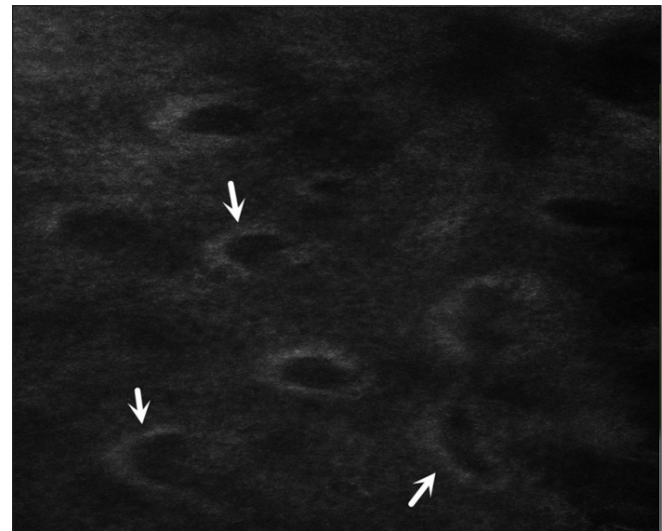


Figure 2b: A decreased number of dermal papillary rings, with some appearing as semi-circular and having increased spacing (white arrows).

peripherally in cord-like formations, giving rise to numerous secondary follicular cavities in a radiating distribution, including secondary or tertiary follicles as seen in Figure 2f. Based on the histopathological features, a diagnosis of trichofolliculoma was confirmed.

The findings in our case are mostly consistent with those described by Karaarslan et al,¹ which could allow a consensus on diagnostic findings for this entity.¹ Our attempt to use metaphorical terms such as ‘rabbit sign, cloud sign, radial flow’, could help clinical dermatologists

better grasp the reflectance confocal microscope features of trichofolliculoma. More importantly, there are some newly discovered microscopic features, such as the ‘cobblestone sign’, which still needs further corroboration. Furthermore, by comparing with histopathological images, we found that there might be a correlation between the partial RCM features of trichofolliculoma and its histopathological features. For example, there might be a corresponding relationship between the ‘rabbit sign’ appearing under a reflectance confocal microscope and the dilated hair follicles and their elongated wall epithelium in histopathology, while

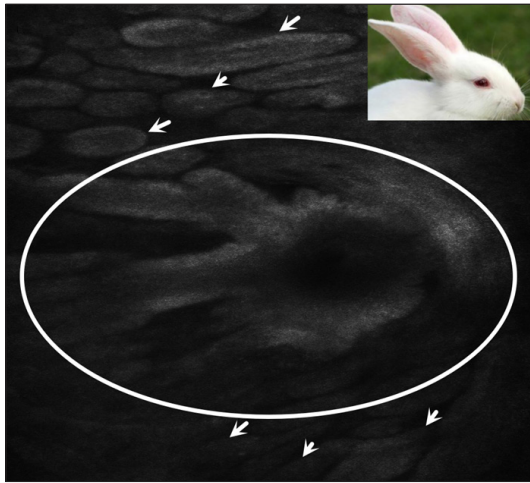


Figure 2c: Expanded hair follicles in the superficial and middle dermis exhibiting medium-to-low refraction, and plump finger-like protrusions extending along the hair follicles with medium-to-high refraction (white circles). Variably sized flattened oval and elongated clumps radiating around the expanded hair follicles, presenting a 'cloud-like radial flow' appearance (white arrows), rabbit like pattern (inset).

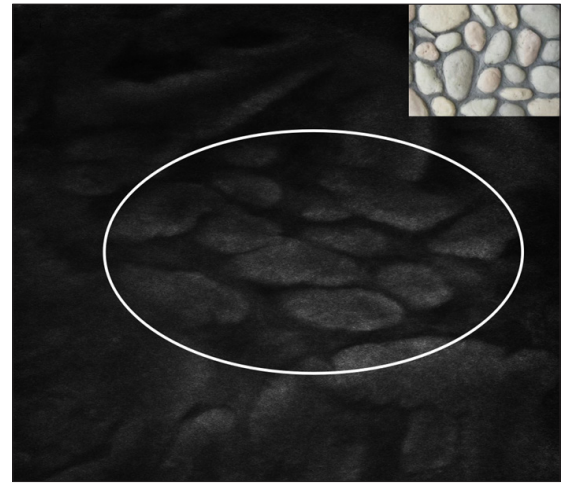


Figure 2d: Clumps in certain areas that are relatively uniform in size (white circle), resembling a cobblestone-like appearance (inset).



Figure 2e: Bundled, thickened collagen fibres adjacent to hair follicles and within the dermis (white arrows).

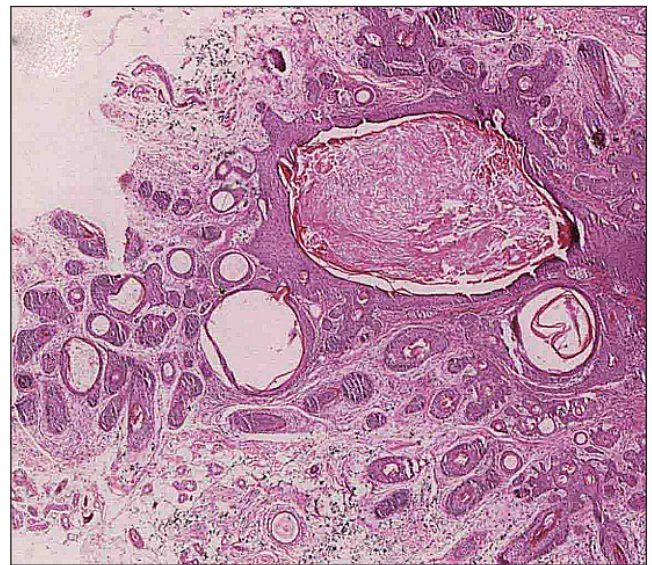


Figure 2f: Pronounced expansion of hair follicles in the dermis, containing keratinous material within the follicles and epithelium extending peripherally in cord-like formations, generating numerous secondary follicular cavities in a radiating distribution and secondary or tertiary follicles (Haematoxylin and eosin, 100x).

a large number of secondary and tertiary hair follicle cavities derived from around the central hair follicle in histopathology might correspond to the cloud sign, cobblestone sign, and radial flow structures appearing under a reflectance confocal microscope. However, being a single case analysis, this is merely speculative and requires further study on a larger number of cases.

We have hereby described the RCM characteristics of trichofolliculoma. RCM could emerge as a pivotal diagnostic tool in cases with non-diagnostic dermoscopic findings.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Hong Yong Sun¹, **Jie Wang¹**, **Fang Liu¹**, **Ruiya Li¹**

¹Department of Dermatology, Inner Mongolia Autonomous Region People's Hospital, Hohhot, Inner Mongolia Autonomous Region, China

Corresponding author:

Dr. HongYong Sun,
Department of Dermatology, Inner Mongolia Autonomous
Region People's Hospital, Hohhot, Inner Mongolia Autonomous
Region, China.
418217546@qq.com

Reference

1. Karaarslan I, Oraloglu G, Yaman B. In vivo reflectance confocal microscopic findings in a case of trichofolliculoma. *Anais Brasileiros de Dermatologia* 2022;97:236–9.
2. Jegou-Penouil MH, Bourseau-Quetier C, Cajanus S, Rigon JL, Risbourg M, Kluger N. Trichofolliculoma: A retrospective review of 8 cases. *Ann Dermatol Venereol* 2015;142:183–8.
3. Panasiti V, Roberti V, Lieto P, Visconti B, Calvieri S, Perrella E. The “firework” pattern in dermoscopy. *Int J Dermatol* 2013;52:1158–9.
4. Garcia-Garcia SC, Villarreal-Martinez A, Guerrero-Gonzalez GA, Miranda-Maldonado I, Ocampo-Candiani J. Dermoscopy of trichofolliculoma: A rare hair follicle hamartoma. *J Eur Acad Dermatol Venereol* 2017;31:e123–e124.
5. Ye H, Song Z, Chen S, Huang C. ‘Mouldy peach’ dermoscopic pattern in trichofolliculoma. *J Eur Acad Dermatol Venereol* 2022;36:e726–e727.

Intracranial aneurysms and systemic sclerosis: A causal association or sheer coincidence?

Dear Editor,

Systemic sclerosis is a chronic inflammatory autoimmune disease characterised by microvascular damage and fibrosis of the skin and systemic organs. The main targets of the disease are the skin and viscera like the lung, heart, kidney and gastrointestinal system. Contrary to other collagen disorders, involvement of the nervous system has rarely been reported and has largely been attributed to the paucity of connective tissue in the brain with the sparse media and adventitia in the intracerebral arteries.¹ We report a case of systemic sclerosis associated with an intracranial aneurysm.

A 57-year-old woman, a homemaker, presented with a sudden onset severe headache associated with vomiting and transient loss of consciousness 12 hours before. A general physical examination revealed a Glasgow Coma Score of 14 (E4M4V6) and bilateral reactive pupils. The rest of the vitals and sensory and motor examination were within normal limits. Cutaneous examination revealed binding down of the skin on the upper limbs extending proximal to the elbows, face and lower limbs (modified Rodnan skin score: 11). Multiple, irregularly distributed, depigmented macules on the face and upper trunk with perifollicular pigment retention at places resembling salt-and-pepper appearance and positive Ingram sign were also noted [Figure 1]. Haemogram showed anaemia (Hb; 8.5g/dl), renal function tests, liver function tests, coagulation profile and serum electrolytes were within normal limits and urinalysis showed proteinuria. Antinuclear antibody was positive (3+, nucleolar and coarse speckled). The clinical and immunological profiles were suggestive of diffuse cutaneous systemic sclerosis.



Figure 1: Depigmented macules on the face and chest resembling salt-and-pepper pigmentation.

Computed tomography angiography of the head showed multiple aneurysms at the origin of the posterior inferior cerebellar artery [Figure 2], diffuse subarachnoid haemorrhage and hydrocephalus. Magnetic resonance imaging and digital subtraction angiography confirmed the rupture of the right posterior inferior cerebellar artery aneurysm (5.1 mm × 4.4 mm) and the patient underwent craniotomy and clipping of the same. However, on postoperative day 4, she developed pulmonary oedema and myocardial dysfunction secondary to severe vasospasm and expired.

The mechanism of aneurysm formation in systemic sclerosis is poorly understood. The proposed hypotheses are:

How to cite this article: Mustari AP, Reddy A, Thind A, Gendle C, Vinay K. Intracranial aneurysms and systemic sclerosis: A causal association or sheer coincidence?. *Indian J Dermatol Venereol Leprol.* 2025;91:103-5. doi: 10.25259/IJDVL_481_2023

Received: May, 2023 **Accepted:** October, 2023 **Epub Ahead of Print:** January, 2024 **Published:** December, 2024

DOI: 10.25259/IJDVL_481_2023 **PMID:** 38314977

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.