ACCESSORY TRAGI IN THREE SUCCESSIVE GENERATIONS

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A 40-year-old man presented with clinical and histopathological features of accessory tragi. His father and 3 sons and 1 daughter had similar lesions. In view of this vertical transmission through 3 successive generations involving both the sexes, an autosomal dominant mode of inheritance is suggested.

Key Words : Accessory tragi, Autosomal dominant inheritance

Introduction

Tragus is the portion of the external ear that is developed from the dorsal portion of the first branchial arch.[1,2] Accessory tragus, which usually occurs as an isolated developmental anomaly or as part of other developmental anomalies of the mandibular arch, can occur anywhere along the path of migration of the first branchial (mandibular) arch ie, from pretragal to the supraclavicular region. We report 6 cases of accessory tragi occurring in 3 generations of a family.

Case Report

A 40-year-old Muslim man presented with solitary nodular skin coloured masses present bilaterally over the preauricular region since birth. The lesions were 1 cm in diameter and about 1.5 cm in length. Three of his sons and 1 daughter out of a total of 10 children and his father had similar lesions present since birth withour any change in size. The lesions were situated in the preauricular region just above or below the level of the tragus. The masses were either solitary or multiple, unilateral or bilateral, non-tender, pedunculated and cartilagenous in feel in all individuals with normal overlying skin. There were no other associated congenital anomalies or deafness. Routine blood and urinlysis were within normal limits. Histopathology of the excised specimens showed eccrine sweat glands, adipose tissue and elastic cartilage in all and well developed pilosebaceous units in the index case and his eldest son aged 16 years.

Discussion

Clinically accessory tragi are very often confused with skin tags, papillomas and fibromas. Accessory tragi usually occur as an isolated anomaly.[2] It is a consistent component of other congenital anomalies of the branchial arch like Treacher-Collins syndrome, Nager's syndrome, oculo-cerebrocutaneous syndrome, Townes syndrome,[1] although no such association was found in our cases, Similarly, other known associations like cleft lip, cleft palate, sensorineural or conductive deafness, renal anomalies were also not found. Although the incidence of accessory tragi is not uncommon, its transmission vertically through 3 successive generations as an isolated manifestation, affecting both sexes has been rarely documented and suggests an autosomal dominant mode of inheritance in our cases.

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