

DERMAL CYLINDROMA WITH MULTIPLE KELOIDS

Nitin S Vora, Vatsala N Vora, Amiya Kumar Mukhopadhyay, Parag R Shah

A 30-year-old lady presented with dermal cylindroma on the right upper chest. She also had multiple keloids.

Key Words : Dermal cylindroma, Keloids

Introduction

Cylindromas are appendage tumours of uncertain histogenesis. They may occur as solitary or multiple lesions. In case of multiple lesions numerous small papules and/or large dome shaped nodules are present on the scalp like a turban, hence the name turban tumour.

Scattered nodules are present occasionally on the face and in rare instances on the extremities.¹ Multiple cylindromas may be associated with other cutaneous and extracutaneous tumours.² We report a patient who had multiple cylindromas on the right upper trunk and multiple keloids.

Case Report

A 30-year-old lady developed a small papular lesion on the sternum about 5 years back, which gradually increased in size, became itchy and painful. There was no history of trauma over that site. After about 1 year she started developing multiple reddish to dark pink papular lesions over the right side of the upper chest. These were

gradually extending towards the neck on the same side (Fig. 1). They were soft, multiple,

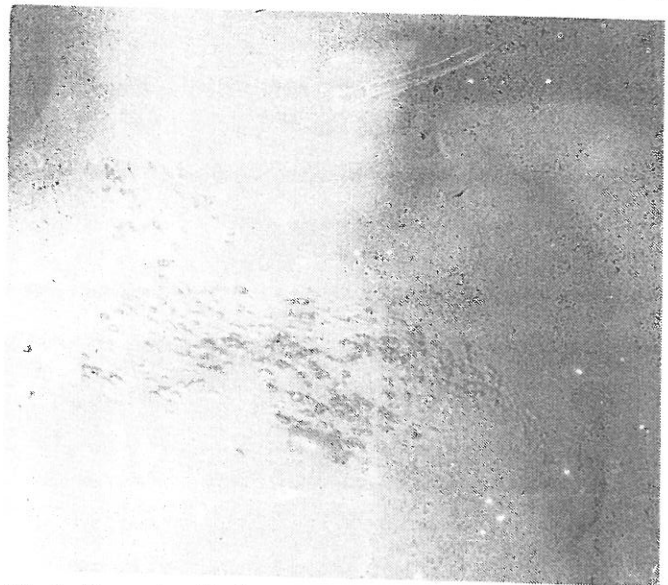


Fig. 1. Dermal cylindroma and associated keloids

dome-shaped, size varied between 1 and 5 mm, some being pedunculated, discrete, non-itchy, painless, non-scaly, without any ulceration or discharge. Surface was hairless and with no telangiectasia. There was no lesion on the scalp and face. Patient also developed a number of keloids on the upper arms, left leg, and left breast and also at the biopsy site in the region of the small, multiple tumours. No member of her family had similar lesions. Her routine blood, stool, and urine examinations, ECG, and chest X-ray were normal. Biopsy of the lesion showed the presence of islands of epithelial cells in the dermis (Fig. 2), a diagnostic feature of cylindroma.

From the Departments of Dermatology and S T D, and Pathology, Bapunagar General Hospital (ESIS), Ahmedabad - 380 024, India.

Address correspondence to : Dr Nitin S Vora, F-1, Premanand Apartment, (Opp. Punjabi Hall), Navrangpura, Ahmedabad - 380 009.

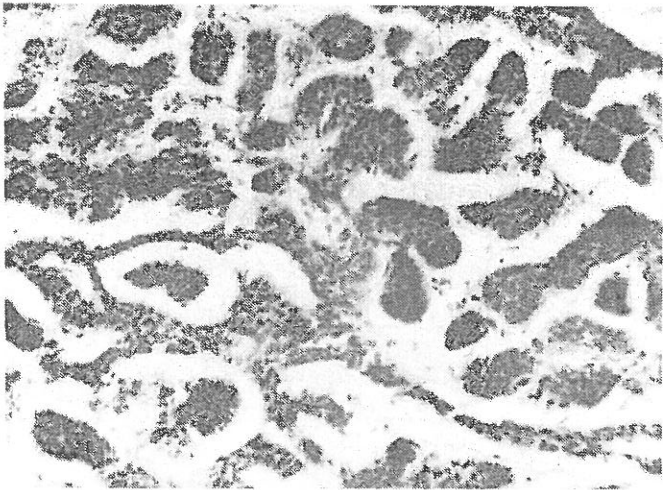


Fig. 2. Histology of the cylindroma lesion (H and E X 240)

Comments

Cylindroma is an uncommon tumour, affecting females about twice as frequently as males. It is often familial and its inheritance is determined by an autosomal dominant gene. It has been reported to follow X-ray epilation of the scalp.³ In cases with solitary lesion there is no family history association¹. The tumours are frequently multiple, smooth, firm, pink to red in colour and often somewhat pedunculated. Some

tumours may be painful. The commonest site is the scalp and adjacent skin. The tumours may be almost hairless when pedunculated, but the smaller lesions form dermal nodules with little loss of hair over them. A proportion of lesions occur on the face and neck, in less than 10% of cases they are situated on the trunk and limbs.³

In this case, lesions were present on the upper part of the chest and lower part of neck. Scalp was totally spared. Another peculiarity of this case was its sharp limit in the midline. In this patient multiple keloids were associated, which too is a rare feature.

References

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