TRICHOEPITHELIOMA

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Summary

Two cases of Trichoepithelioma have been described in young adults. Both had characteristic clinical as well as histological features. Although multiple variety is believed to be familial and inherited as autosomal dominant gene, none of our patients had any family history. Histological features of Trichoepithelioma have been discussed in detail.

Trichoepithelioma, also known as Epithelioma adenoides cysticum of Brooke or Multiple benign cystic epithelioma is an uncommon adnexal tumour. Usually it appears as multiple small tumours, although occasionally solitary lesions also can be seen. It differentiates towards hair follicles and is characterised histologically by the presence of horn cysts. The multiple variety which is more common is transmitted as an autosomal dominant gene, while solitary lesion which is uncommon is not familial.

The present communication pertains to two patients seen in Skin outpatient department.

Case 1

A male aged 18 years, presented with history of asymptomatic skin lesions on the face since five years. It started as a single lesion on the nasolabial fold, and gradually increased in size and number. Detailed enquiries about family members did not reveal any evidence of similar disease.

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Examination showed the patient to be having multiple small skin coloured yellowish looking firm papules of 2-5mm diameter. Lesions were studded on nose, nasolabial folds and scattered on upper lip and forehead (Fig. Page No. 178). There was no evidence of telengiectasia or atrophy. Systemic examination was normal. Histopathological examination showed classical features of Trichoepithelioma with the presence of horn cysts.

Case 2

Female aged 30 years presented with history of lesions over the face for 3–4 years. It spread in the initial periods, but became stationary after about 2 years. There was history of epilepsy for 1 year and patient had been taking Phenytoin Sodium 100 mg. daily. Detailed enquiry revealed no other family members on either paternal or maternal to be affected.

Examination showed multiple small shiny papules varying from 1–3 mm in diameter on nose, nasolabial folds, forehead and upper lip. No telengiectasia was seen. Systemic examination did not show any abnormality. Patient was of average intelligence. Histological examination showed features of Trichoepithelioma.

Discussion

Trichoepithelioma is of two types, multiple and solitary. In multiple type lesions appear in the early years of life and gradually increase in number and size over the following few years. They are asymptomatic and occasionally surface telengiectasia is seen. Lesions are concentrated over nasolabial folds, over the nose, forehead, upper lip and eyelids and rarely seen on the upper trunk. When lesions ulcerate, a change to basal cell epithelioma should be suspected. In solitary trichoepithelioma, which is not hereditary, a slow growing nodule forms, usually in adult life. The lesion may be present on the face or elsewhere on the body.

On histological examination[1], trichoepithelioma appears as a well circumscribed tumour. Horn cysts represent the characteristic lesion. They consist of fully keratinised centre surrounded by a shell of flattened basal cells without prickle. In addition to the horn cysts, irregularly shaped islands composed of basal cells are also present. In multiple trichoepitheliomas, not infrequently some of the lesions show only little differentiation, containing only a few horn cysts but many areas with the appearance of basal cell epitheliomas (Summerill & Hutton)[2]. Such lesions are indistinguishable histologically from a keratotic basal cell epithelioma which may also show horn cysts. It is thus evident that close relationship exists between Trichoepithelioma and Basal Cell epithelioma. This has been corroborrted further by reports of cases of multiple trichoepithelioma in which one or several of the lesions after having persisted as such for many years developed into ulcers with the histological appearance of basal cell epithelioma (Adamson, Little & Savatard[3].)

Mehta & Marquis[4] reported two cases of trichoepithelioma of which one had a combined character of trichoepithelioma and basal cell epithelioma.

A close relationship also exists between trichoepithelioma and other types of benign epitheliomas such as Syringoma and Cylindroma, since trichoepithelioma may occur with Syringoma or Cylindroma in the same patient.

Trichoepithelioma is an uncommon condition seen in India. Bedi & Bhutani[5] reported a family with seven cases of trichoepithelioma in three generations.

Of the two cases presented here, case one shows classical features of trichoepithelioma both clinically and histologically. The second case was thought to be adenoma sebaceum in view of the history of epilepsy. However histologically it was proved to be trichoepithelioma. In both of our patients there was no positive family history. This variety is believed to be transmitted as an autosomal dominant trait.

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