HAIR DISORDERS

A CASE OF A LARGE PROLIFERATING PILAR TUMOUR AND REVIEW OF BENIGN VS. MALIGNANT FEATURES

J Read [1]

Royal Brisbane And Women's Hospital, Plastic Surgery, Brisbane, Australia [1]

Background: Proliferating pilar/trichilemmal tumour is an uncommon neoplasm derived from the outer sheath of the hair follicle, and can be benign, locally aggressive, or malignant. Progression from benign to malignant may occur along a continuum with influence from trauma or inflammation, although malignant transformation is rare. Characteristics of tumour contour, stromal invasion, atypia, necrosis, and mitotic rate have been proposed to stratify risk groups. An immunohistochemical panel of CD34, Ki-67, and P53 may also assist in delineating benign from malignant tumours.

Observation: A 55-year-old female presented with a mass to her right fronto-temporal scalp that had been slowly growing for many years, with a sudden increase in size over the preceding months. On examination she had a firm ulcerated and fungating mass measuring 10 x 12 x 6cm. Initial biopsy favoured an atypical proliferating pilar tumour, with a differential diagnosis of SCC. The mass was excised to periosteum with a 10mm margin, and the defect reconstructed with a split thickness skin graft. Microscopic examination revealed a circumscribed tumour with pushing borders, composed of anastomosing bands of squamous epithelium with trichilemmal keratinisation, with foci of necrosis. There was no prominent atypia or stromal invasion, consistent with a proliferating pilar/trichilemmal tumour.

Key message: This case identifies a large but benign proliferating pilar tumour, owing to a well-circumscribed tumour with an absence of atypia and stromal invasion on histopathology, although necrosis is potentially associated with a low risk of recurrence. It is important to recognise that a spectrum of change exists, and transformation from trichilemmal cyst to proliferating stage to malignant proliferating pilar tumour is possible.