

SKIN CANCER (OTHER THAN MELANOMA)

CLINICAL, HISTOLOGICAL AND DERMOSCOPIC FEATURES OF TRICHOBLASTOMA

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Introduction: Trichoblastoma is a benign adnexal tumor of follicular germinative cells. Basal cell carcinoma is the main differential diagnosis.

Objective: The aim of our study was to define the epidemiological, clinical, histological and dermoscopic features of this tumor and to distinguish it from basal cell carcinoma.

Materials and methods:

A retrospective monocentric study of cases of trichoblastoma diagnosed between 2000 and 2015 in the dermatological department of Habib Thameur hospital.

Results: The incidence was 1,87case/year with a male predominance. The average age was 60,6 years with a peak incidence in the fifth and the seventh decades. Clinically, the average lesions number was 1,77, lesions were located mainly in the face and neck (97%). Pigmentation was seen in 37% of cases. Only one tumor was arising from a nevus sebaceous. Patients with a history of X-ray irradiation for tinea capitis in childhood had more ulcerated tumors, and trichoblastoma frequently associated with basal cell carcinomas. Histological features were mainly a well circumscribed tumor in the dermis usually associated with epidermal connection and presenting a lobular or trabecular pattern. Thirteen patients had a dermoscopic exam before biopsy. The main features were: blue-grey ovoid nests, arborizing vessels, leaf-like areas and milium cysts (100% of cases).

Conclusions: Multiple and pigmented tumors, association with a basal cell carcinoma were the distinctive features of trichoblastoma in our study. Basal cell carcinoma should be suspected when histologic examination shows asymmetry, connection to the epidermis, peripheral palisading and retraction artefact. Immunohistology using Ki67, Ck6, Ck20 and CD10 may help in difficult cases. Main dermoscopic features of trichoblastoma are fine arborizing vessels, milium cysts and leaf-like areas. Complete excision is the treatment of choice.