Abstract: Trichilemmoma is a benign cutaneous tumor that shows characteristics of differentiation similar to the outer hair sheath. It usually occurs as a small solitary papule on the face. We report a case of trichilemmoma presenting as a relatively larger scalp swelling. This report documents a non-facial example of trichilemmoma. Atypical clinical appearance and localization of this neoplasm suggest that only histological findings are specific of this tumor.

Keyword: Trichilemmoma, benign scalp swellings

INTRODUCTION:
In 1962, Headington and French first described trichilemmoma as a benign neoplasm with differentiation toward pilosebaceous follicular epithelium or outer root sheath. Clinically, trichilemmomas present as well-defined, smooth, asymptomatic papules or verrucoid growths. They may appear as a solitary or multiple lesions, and are usually found on the head and face. Here we present a relatively uncommon presentation of trichilemmoma.

CASE REPORT
A 70 year old lady cooly by occupation presented to the OPD with complaints of swelling in the left side of scalp for the past 15 years. Swelling was small to start with gradually progressed to the current size with no history of trauma, no history of discharge from the swelling, no history of pain and no history of any other swelling in the body. She had normal sleep and appetite, normal bowel and bladder habits. There was no history of any substance abuse.

On examination her general condition was fair. She was moderately built and nourished. Examination of cardiovascular system, respiratory system, and central nervous system was found to be normal. On local examination of the swelling, it was of size 3× 3× 2 cm in left occipitoparietal region (Fig 1). Swelling was hemispherical in shape, skin over the swelling had peau d'orange appearance (Fig 2), surface was irregular, there was no punctum, margins were well defined. Swelling was not tender, no warmth felt, no evidence of inflammation, consistency was soft, skin over swelling was not pinchable.

Due to atypical presentation of the swelling dermatological opinion was sought. They suggested the diagnosis of trichoblastoma and advised us to proceed with excision biopsy. Her routine blood investigations, chest xray, ECG, were found in normal limits. Her xray skull and CT brain showed soft tissue swelling with no bony involvement. We proceeded with excision of the swelling (Fig 3&4). To our surprise histopathology report was trichilemmoma and was not trichoblastoma. It showed well circumscribed tumor arranged in lobules. Tumor cells had abundant glycogenated cytoplasm with peripheral palisading pattern arrangement and are surrounded by PAS positive thick basement membrane like material, characteristic of trichilemmoma (Fig 5). The raw area was closed with SSG 2 weeks later.

This case is reported for an uncommon diagnosis of a scalp swelling as well as an unusual presentation of trichilemmoma.

Fig 1
DISCUSSION

Trichilemmoma is a benign neoplasm that differentiates toward cell of the outer root sheath. It may occur as a small solitary papule on the face particularly the nose and cheeks. They may also occur as multiple fascial lesions. When they do it is a specific cutaneous marker for Cowden syndrome, an autosomal dominantly inherited condition. The underlying cause of trichilemmomas is unknown, although because of its histologic similarity to a wart, some researchers have investigated a viral etiology. The international frequency of trichilemmoma is unknown. They are associated with minimal morbidity and no mortality. The male-to-female ratio of trichilemmomas is 1:1; however, Cowden syndrome has a female predominance, with a male-to-female ratio of 1:3.

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