

# Trichilemmoma of the Scalp: An Unusual Presentation

## *Triquilemoma do Couro Cabeludo: Uma Apresentação Pouco Comum*

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Trichilemmoma is a benign tumor with origin in the outer root sheath cells of the pilosebaceous follicles.<sup>1</sup> The relationship between the human papilloma virus and this neoplasm remain controversial.<sup>2,3</sup>

Although there are no pathognomonic clinical aspects, it usually presents as an asymptomatic, slow growing, facial papule or nodule. It usually has a dome-like appearance, skin colored or erythematous and a smooth or warty surface.<sup>2</sup>

Trichilemmomas are usually solitary lesions but if multiple tumors (at least three) are found on the face, the hypothesis of Cowden syndrome should be considered. This syndrome shows multiple extracutaneous neoplasms (breast, kidney, intestine) and depends on germline mutations of the tumor suppressor gene PTEN.<sup>2</sup>

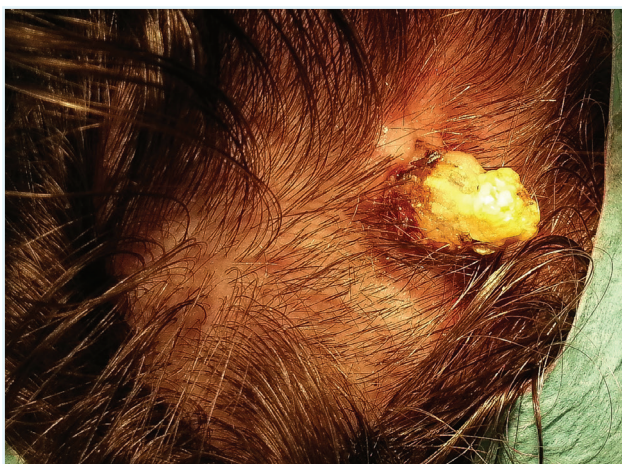
The authors report a 79-year-old Caucasian female with prior history of hypertension and dementia with an exophytic, yellowish lesion of the scalp with more than two years of evolution. The dermatological examination revealed an indurated nodular lesion with a hyperkeratotic surface of 1.5 cm in diameter (Fig. 1). It resembled a cutaneous horn in the inter-parietal region of the scalp.

An excisional biopsy was performed and the histopathological exam revealed a crateriform, well delimited, trabecular lesion with both endo and exophytic growth. The epithelium had a trabecular growth pattern with abrupt transition in amorphous corneous masses (Fig. 2). The squamous epithelium was hyperplastic with a peripheral layer of palissade cuboid cells and several layers of large squamous cells with pale abundant cytoplasm

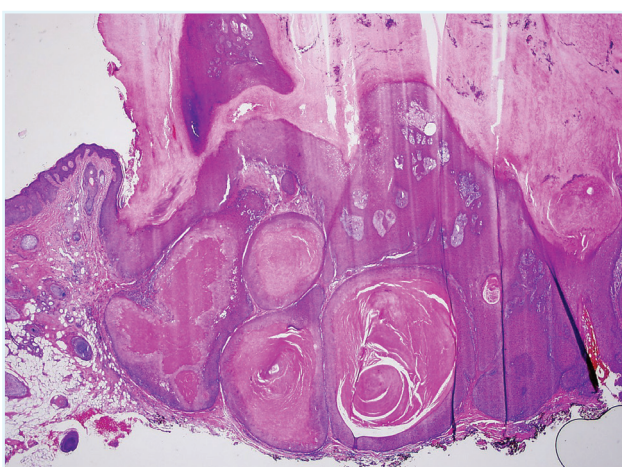
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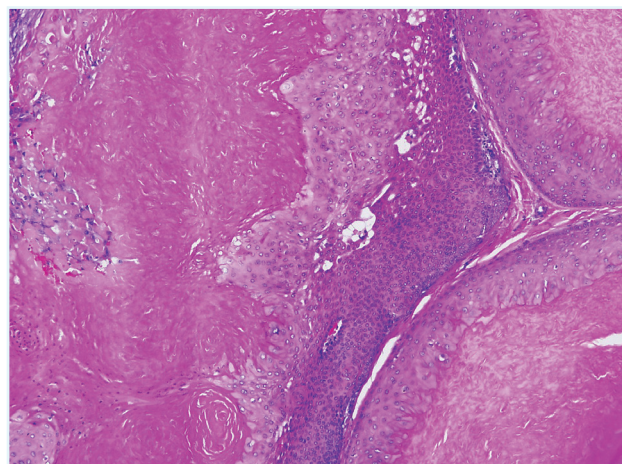
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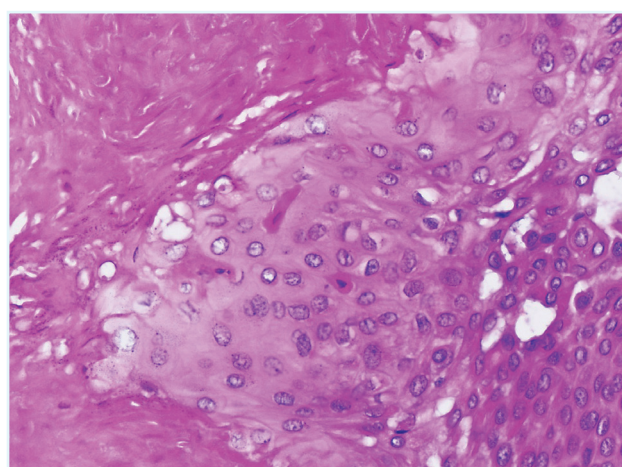
**FIGURA 1.** An indurated nodular lesion with a hyperkeratotic surface, resembling a cutaneous horn in the inter-parietal region of the scalp.



**FIGURA 2.** H&E, 20x - Note the crateriform, well delimited trabecular lesion with both endo and exophytic growth.



**FIGURA 3.** H&E, 100x - Peripheral palisading adjacent to the thickened hyaline eosinophilic basement membrane.



**FIGURA 4.** H&E, 400x - Detail of the clear cells and abrupt keratinization.

that suffered abrupt keratinization without formation of the granular cell layer causing eosinophilic orthokeratotic keratin, the so-called trichilemmic keratinization (Figs 3 and 4). The excision was complete and up to date (two-year follow-up), without relapsing.

Trichilemmoma is a benign adnexal tumor and no treatment is necessary. However, an excisional biopsy is mandatory for diagnosis of a neoplasm with no clinical pathognomonic aspects that needs to be differentiated of other adnexal tumors (benign or malignant), basal or squamous cell carcinoma and viral warts.<sup>4</sup>

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