Squamous Cell Carcinoma Complicated A Trichilemmal Cyst

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Letter to the Editor

Dear editor,

Trichilemmal cyst, also known as pilar cyst, is a dermal epithelial cyst developed at the expense of the hair follicle. It affects Caucasian women with a mean age of 60 years more frequently [1]. They are most often asymptomatic, localized mainly on the scalp. These tumors are often benign but local recurrences are sometimes aggressive. The risk of malignant change of trichilemmal cyst is rare. We describe an uncommon case of squamous cell carcinoma complicated a trichilemmal cyst.

A 70-years old patient with 20 years’ history of painless nodular scalp lesions, progressively increasing in number and size. One of these lesions, following a 6 months’ traumatism had increased in size and became ulcerated and bleeding. Clinical examination revealed a 7 cm bleeding ulcerated tumor of the vertex. As well as, several nodular lesions, firm in consistency, without any functional signs (Figure 1).

No lymph nodes were noted. Dermoscopic examination showed yellowish structures, linear vessels and some rosettes (Figure 2). Cutaneous biopsy had objectified squamous cell carcinoma. Lymph node ultrasonography revealed ganglionic formations. No metastasis was identified at the CT scan. The patient was referred to department of plastic surgery for surgical treatment.

Trichilemmal Cysts (TCs) are benign, keratin-filled skin neoplasms that arise from the outer root sheath of the hair follicles [1]. These cysts are rare but morphologically distinctive tumor [2]. They affect 5% to 10% of the population, show a female predominance, and may have an autosomal dominant pattern of inheritance or occur sporadically [3]. TCs most frequently appear in areas with dense hair follicles.

The transformation of trichilemmal cyst should be suspected and meticulously diagnosed and treated in all individuals presenting alert symptoms such as chronic ulceration.

References


