

## TRICHOFFOLLICULOMA WITH A NEW PATTERN IN DERMOSCOPY: "ROSARY BEAD WITH TASSEL"

## Trikofofliküloma Yeni Bir Dermoskopik Patern: "Püsküllü Tespih Boncuğu"

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**ABSTRACT**

Trichofolliculoma is a rare tumour, presenting as a facial papule with central hairs on the scalp, face, neck and vulva of adults. Recently, dermoscopic examination has proven valuable in a great number of dermatological diseases. Easy-to-guess dermoscopic patterns differ according to the variability and duration of the lesion in cases of trichofolliculoma. Recently, two dermoscopic demonstrations of trichofolliculoma were published. One was defined as a "firework pattern", histopathologically resembling nests of cells radiating from a follicular epithelium. The other was depicted as a "bluish nodule with a central white-pink area, shiny white structures and dotted vessels". This paper presents a new dermoscopic pattern, termed "rosary bead with tassel". In two cases presented herein, the lesions were in late stages with one and three-year histories. Describing a new dermoscopic variant of trichofolliculoma related to different clinical features can help to improve the success of the diagnosis with dermoscopy.

**Keywords:** *Trichofolliculoma, Dermoscopic examination, Dermoscopic pattern*

**ÖZ**

Trikofofliküloma, erişkinlerde saçlı deri, yüz, boyun ve vulvada ortasında kıllar olan papüler lezyonla beliren nadir bir tümördür. Son yıllarda dermoskopik muayenenin çok sayıda dermatolojik hastadaki değeri kanıtlanmıştır. Kolayca tahmin edilebileceği gibi, trikofoflikülomada lezyonun türü ve süresine göre dermoskopik patern değişecektir. Son yıllarda iki farklı patern yayınlanmıştır. Bir tanesi "havai fişek" görüntüsüdür ve histolojik olarak folliküler epitelden radial olarak yayılan hücre kümelerine karşılık gelmektedir. Diğeri "ortasında pembe-beyaz parlak zeminde beyaz yapılar ve noktasal damarların olduğu mavi nodül" olarak tariflenmiştir. Bu sunumda yeni bir dermoskopik patern tanımlanmaktadır: "püsküllü tespih boncuğu". Sunulan iki vaka; bir ve üç yıl süreleri olan ileri evrelerdir. Trikofoflikülomanın değişik klinikleri ile ilişkili yeni dermoskopik varyantlarının tanımlanması dermoskopi ile tanı başarısını artıracaktır.

**Anahtar Kelimeler:** *Trikofofliküloma, Dermoskopik muayene, Dermoskopik patern*

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## INTRODUCTION:

Trichofolliculoma is a rare tumour, presenting as a facial papule with central hairs on the scalp, face, neck and vulva of adults. The traditional visual of this tumour is several hairs protruding onto the epidermal surface from the follicular opening (1-3). However, this is true only in a minority of cases, and the diagnosis is generally based on histopathology. The tumour transforms according to the cycle of regression of a normal hair follicle, and can be classified into three stages: early, fully developed and late-stage. Contrary to the clinical presentation; almost constant, histological examination of these tumours reveals that many secondary, vellus hair follicles originated from a central primary follicle (1).

Recently, dermoscopic examination has proven valuable in a great number of dermatological diseases (4). Easy-to-guess dermoscopic patterns differ according to the variability and duration of the lesion in cases of trichofolliculoma. Even though clinical appearance may be sufficient in full developed trichofolliculoma, dermoscopy is a valuable diagnostic tool for earlier lesions. Recently, two dermoscopic demonstrations of trichofolliculoma were published. One was defined as a “firework pattern”, histopathologically resembling nests of cells radiating from a follicular epithelium (5). The other was depicted as a “bluish nodule with a central white-pink area, shiny white structures and dotted vessels” (6).

## CASE

This paper presents here in a 28-year-old man complaining of an asymptomatic small papule with a one-year history on his right cheek; it was a 2 x 3 mm nodule with white tufted hairs protruding from the umbilicated central portion of the lesion (Figure 1a). Dermoscopic examination revealed a red and locally shiny, white nodule with protruding tufted hairs, white structures and vessels (Figure 1c). This picture revealed a new pattern, termed “rosary bead with tassel”. The nodule resembled a “rosary bead” and the tufted hairs, the “tassel” (Figure 1d, 2d). Heine Delta T 20 was used for der-

moscopic evaluation which provides 10 x to 16 x magnification of lesions. The histopathological examination diagnosed trichofolliculoma (Figure 1b).

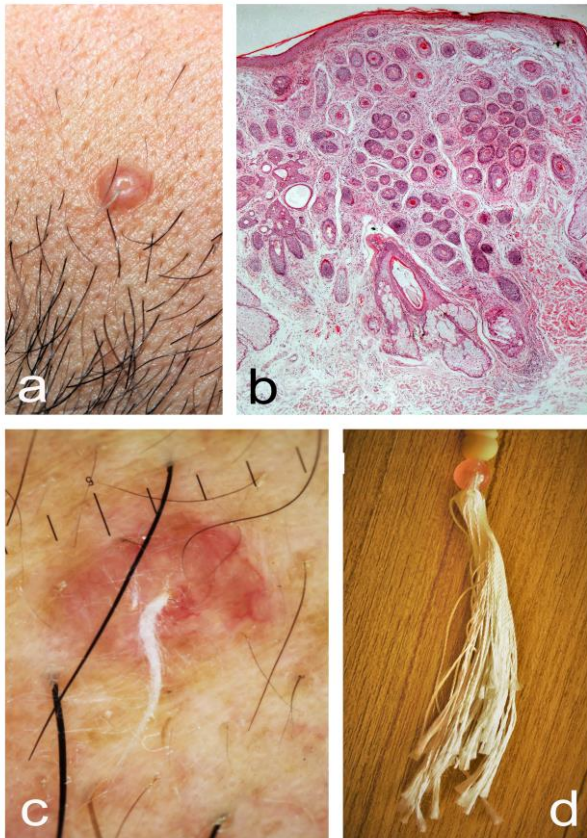
The second patient was a 16-year-old girl with a with three-year history of the same papule on the right lateral region of her neck; it was a 1 x 2 mm nodule with white tufted hairs protruding from the central portion of the lesion (Figure 2a). Dermoscopic examination revealed a light brown nodule with protruding tufted hairs (Figure 2c). This picture was also reminiscent of a “rosary bead with tassel”, which was described above (Figure 1d, 2d). The histopathological analysis verified trichofolliculoma (Figure 2b).

## DISCUSSION:

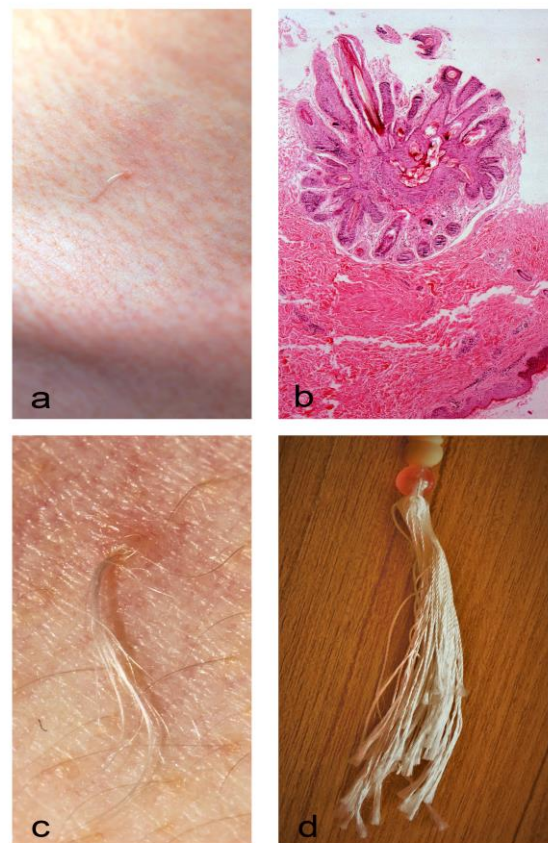
The differential diagnosis of trichofolliculoma consisted of basal cell carcinoma or molluscum contagiosum when the hair had been plucked. Keratoacanthoma, milium, trichoepithelioma, syringoma, dermal nevus and sebaceous hyperplasia may also mimic trichofolliculoma (1-3). In the cases presented herein, a nodule with protruding tufted hairs provides a clinical picture that is more identifiable

In early stages of the tumour, histopathological analysis demonstrates a few secondary, vellus hair follicles originating from a primary follicle, and the number of vellus hair follicles increases in mature lesions. Advanced stages show a thickened primary follicle and fewer secondary follicles (1). Panasiti presented a case of trichofolliculoma (4 months old) with the dermoscopic “firework pattern” histopathologically resembling nests of cells radiating from a follicular epithelium. Multiple cells radiating from the follicular epithelium were related to the maturation of the tumour (4). Garcia-Garcia showed a late stage trichofolliculoma with a one-year history, and the lesion was differentiated with previous trauma. The dermoscopic picture was not similar to that of Panasiti (5).

In the cases presented herein, the lesions were in late stages with one and three-year histories. In the first case, the nodule was more raised and red than in second. This may be related to



**Figure 1:** (a) A 2 x 3 mm nodule with white tufted hairs protruding from the umbilicated central portion of the lesion, (b) dermal horn cysts consisting of central keratinization, eosinophilic cytoplasm and a large vesicular nucleus, (c) dermoscopic image; a red and locally shiny, white nodule with protruding tufted hairs, white structures and vessels and (d) rosary bead with tassel.



**Figure 2:** (a) A 1 x 2 mm nodule with white tufted hairs protruding from the central portion of the lesion, (b) central hair follicles consisting of cystic spaces lined by squamous epithelium and containing horny material with multiple small and abnormal hair follicles radiating from the central hair follicle, (c) dermoscopic image; a light brown nodule with protruding tufted hairs and (d)

the duration of the lesion, though bigger follicular openings may be described with locations on the face instead of the neck, as in the second case. This pattern is related to late stage lesions that have not had any serious, previous trauma. Describing a new dermoscopic variant of trichofolliculoma related to different clinical features can help to improve the success of the diagnosis with dermoscopy.

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