



CASE REPORT

Trichofolliculoma of the nasal vestibule

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Abstract: The presence of a nasal vestibule mass can be challenging in obtaining diagnosis and treatment due to the features of nasal vestibule. There are various types of diseases that can involve the nasal vestibule. Here, we presented the case of a patient with swelling of the right nasal vestibule and was incidentally diagnosed histopathologically as trichofolliculoma, a rare skin lesion. We discussed the characteristics of trichofolliculoma disease and presented a diagnosis, necessary treatment of this case and related literature review.

Keywords: nasal; vestibule; trichofolliculoma; skin

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Introduction

The anterior part of nasal cavity is the nasal vestibule. It is lined by keratinized squamous epithelium and has components such as sebaceous and sweat glands^[1]. There are various forms of pathologic lesions that may be benign, malignant or caused by infectious diseases that can occur in the vestibule due to histological differences. Trichofolliculoma arising from hair follicles is a rare, benign skin lesion and was described initially by Miescher in 1944^[2]. It is a hamartomatous lesion of hair follicle origin which differentiates between a trichoepithelioma and a hair follicle nevus^[3]. This condition may often be misdiagnosed as a sebaceous cyst, basal cell carcinoma or nevus. We presented the case of a patient with mass on the right nasal ala.

Materials and methods

A 66-year-old male was presented to our ear, nose and throat clinic. Patient complained of right nasal vestibule mass for the past three months. He had no underlying medical illnesses. Clinical examinations showed the presence of right nasal ala swelling. The mass had gradually increased in size over a few years. Diagnostic nasal endoscopic examination did not reveal any abnormality and patient's family history did not reveal any similar condition. No other similar lesion was seen in other parts of his body.

Results

An excisional biopsy was performed under general anaesthesia. The lesion was excised in a full thickness

manner with an elliptical incision and narrow margins of the normal tissue. The mass was 2 × 2 cm, excised from the right nasal ala, and the stump was cauterized with bipolar electrocautery. Patient was then discharged with oral analgesics. Histopathological sections showed an early cystic cavity lined by stratified squamous epithelium which was in continuity with the overlying epidermis. A network of hair follicles arose from this cystic area within the dermis. There were also many smaller, separate secondary follicles seen within the dermis. There was no evidence of dysplasia or malignancy. The feature was compatible with trichofolliculoma (**Figure 1**). No recurrence of the disease was noted during the 12-month follow-up period after excision.

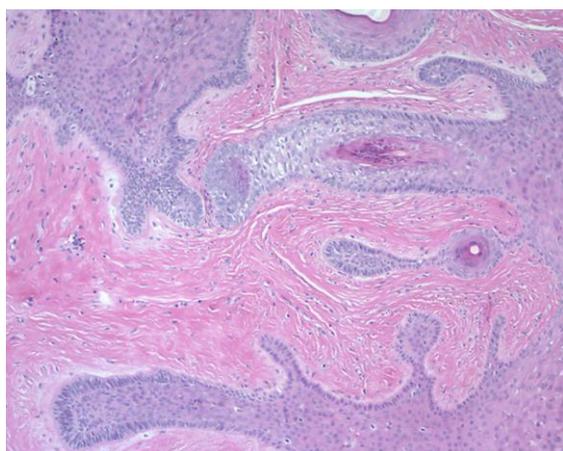


Figure 1. Histopathological section showing a network of hair follicles arising from the cystic area within the dermis

Discussion

Trichofolliculoma is a rare hamartomatous skin lesion which is commonly seen in adults^[3]. It is also known as a benign adnexal tumour of hair follicle origin^[3]. The aetiological genesis of this skin lesion is unknown, but it was believed to be due to the differentiation of the pluripotent skin cells towards hair follicles^[4]. It is rarely associated with gender and race predilection^[3]. Trichofolliculoma can be seen in the head and neck regions, particularly the face. It is also seen in eyelids and may

occasionally develop in the vulva^[5,6]. Usually, the lesion will be a single, flesh-colored and firm nodule or papule on the face with the presence of hair emerging from the central pit. The presence of dilated follicles and stratified squamous epithelia with lesions containing hairs are seen via microscopy. Treatment is by surgical excision and usually the prognosis is excellent with no recurrence^[7].

Conclusion

Trichofolliculoma is a rare skin follicle lesion, uncommonly found in the external nasal region. It has excellent prognosis. Most treatments are surgical excisions and are usually directed towards cosmetic improvement.

Conflict of Interest

All authors have no conflict of interest. The clinical pictures of our patient reported in this case report were unfortunately unavailable due to the retrospective nature of the case.

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