

Dermoscopy of Trichoepithelioma: A Clue to Diagnosis

A 57-year-old female presented with multiple asymptomatic firm, skin-colored, dome-shaped papules distributed primarily along the nasolabial folds, medial part of the eyebrows, forehead and dorsum of nose [Figure 1]. She first noticed the lesions during adolescence, after which they progressively increased in number.

Dermoscopy (DermLite II hybrid m; 3Gen; polarized mode, 10× magnification) of papules revealed arborizing vessels, multiple milia-like cysts, and rosettes amidst a whitish background [Figure 2a-c]. With the clinical possibility of trichoepithelioma, biopsy was done which revealed islands and nests of basaloid cells along with multiple keratin cysts. Focal areas showed periadenexal lymphocytic infiltrate [Figure 3a and b].

Trichoepithelioma is a benign neoplasm regarded as poorly differentiated hamartoma of the hair germ cells. It is divided into multiple familial, solitary, and desmoplastic subtypes. Malignant transformation to basal cell carcinoma (BCC) is rare and occurs late in the course of the disease. Dermoscopy



Figure 1: Dome-shaped papules distributed primarily along the nasolabial folds, nasal dorsum, medial part of eyebrows, and forehead

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Table 1: Dermoscopic findings of differentials of trichoepithelioma	
Differentials of trichoepithelioma	Dermoscopic findings
Trichoepithelioma ^[1]	Arborizing vessels, multiple milia-like cysts and rosettes amidst a whitish background
Desmoplastic trichoepithelioma ^[2]	Arborizing telangiectasias, focal “shiny-white” areas, and ivory-white color of the entire lesion
BCC ^[2]	Arborizing telangiectasias, focal “shiny white” areas, leaf-like structures, and ovoid nests. Chrysalis structures (shiny, bright white, orthogonally oriented linear streaks) were observed in approximately 48% of BCC
Trichofolliculoma ^[3]	“Firework” pattern consisting of a central brown zone with radial brown projections
Fibrofolliculoma ^[4]	Hypopigmented globules and curvilinear vessels often connecting red dots and globules
Periorbital syringoma ^[5]	Ivory white homogeneous area, with irregular and poorly-defined borders

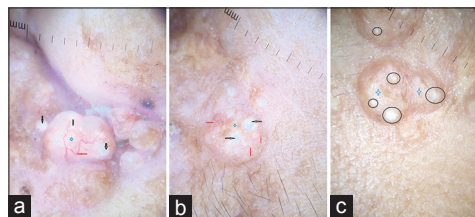


Figure 2: (a) Dermoscopy of trichoepithelioma shows multiple arborizing vessels (red arrows), milia-like cysts (black arrow) over a whitish background (blue diamond) (polarized, ×10). (b) Multiple branching vessels (red arrow) overlying a whitish background (diamond) with milia-like cysts (black arrow) (polarized, ×10). (c) Multiple milia-like cysts (black circles) overlying a whitish background (star) (nonpolarized ×10)

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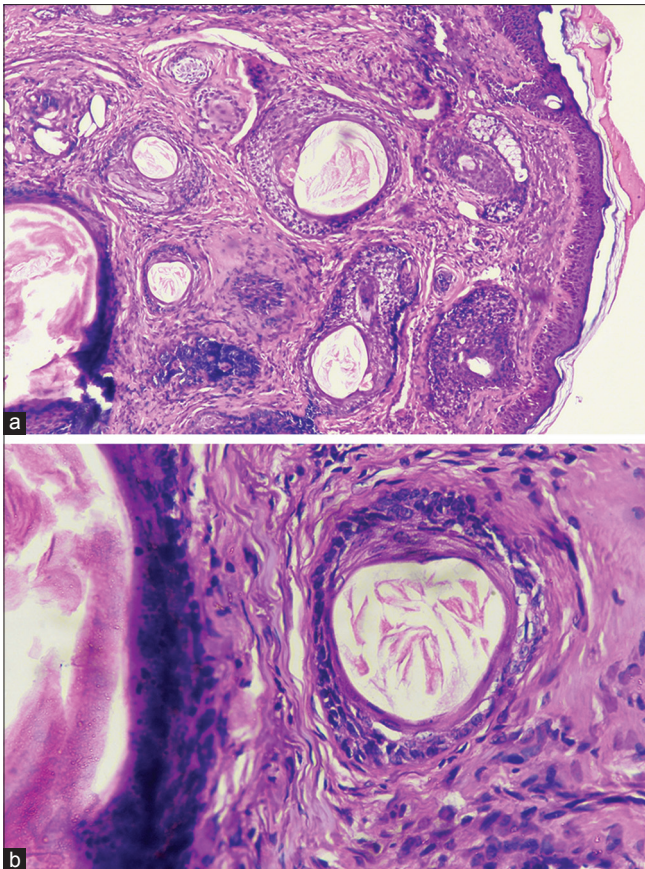


Figure 3: (a) Islands and nest of basaloid cells along with multiple keratin cysts (H and E, $\times 10$). (b) Islands and nest of basaloid cells (H and E, $\times 40$)

findings in our case are in line with those previously described by Navarrete-Dechent *et al.* in their study.^[1]

Although the clinical diagnosis was straight forward in our case, dermoscopy, being a non invasive procedure, is a useful tool for confirming the clinical diagnosis subverting the need for an invasive procedure such as biopsy. This is

especially useful as many times patients are unwilling to undergo biopsy because of cosmetic concerns when lesions are on the face. Here, we wish to highlight the importance of dermoscopy in the diagnosis of trichoepithelioma. The dermoscopic finding of various differentials of trichoepithelioma are summarized in Table 1.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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