TRICOADENOMA OF NIKOLOWSKY: A MISLEADING LESION

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Rare, benign, well differentiated, solitary and slowly growing tumour of the hair follicle, first described by Nikolowski in 1958 as an “organoid follicular hamartoma”

The most common sites are face and buttocks of adults, occurring equally in men and women.

The clinical appearance is often misleading, suggesting a diagnosis of basal cell carcinoma, epidermoid cysts or seborrheic keratosis.
Our patient: a 24 year old caucasian woman.

Clinical presentation: a nodular lesion on the forehead that had been present for many years and that had grown slightly in recent months.

Treatment carried out: a complete surgical excision of the lesion.
**MACROSCOPIC FEATURES:**

- A skin coloured, slightly raised and irregularly-shaped papule
- Greatest diameter: 4 mm

**TECNICAL PREPARATION OF THE SPECIMEN:**

- Four-micrometer-thick sections of the lesion were prepared
- The sections were stained with hematoxylin and eosin for histological analysis
HISTOLOGIC FEATURES:

- A well-circumscribed dermal proliferation, composed of numerous mature horn cysts with epidermal-type keratinization.
- The cysts were surrounded by eosinophilic epithelial cells, which in some areas assumed a pseudo-glandular pattern, immersed in a sclerotic stroma.
HISTOLOGIC FEATURES:

- Basaloid tubules and cords interspersed among cystic structures
- Focal areas showed neutrophilic abscesses and foreign-body reaction to ruptured cysts
- Cysts show a well developed granular layer and a flaky central amount of keratin
HISTOLOGIC FEATURES:

At higher magnification: the cells were monomorphologic, not atypical, of medium size, with inconspicuous nuclei.
Trichoadenoma is a benign follicular neoplasm showing predominantly infundibular differentiation in the form of multiple cysts.

Characteristically presents as well-circumscribed lesion, composed of numerous horn cysts throughout the dermis, composed of well-differentiated keratinocytes enclosed within a fibrotic and paucicellular stroma.

The infundibulocystic structures vary slightly in size and are crowded focally or spread in the dermis, sometimes up to the subcutaneous fat.
The walls of the cysts are formed by a palisade basal layer of columnar cells at the periphery, several layers of spinous keratinocytes, a granular layer and a central cavity.

The walls may contain isthmic-catagen type epithelium and infundibular epithelium.

The central cystic cavity shows epidermoid keratinisation, arranged in a laminated fashion.

There is no evidence of hair follicle formation.
Some cysts are isolated whereas others are interconnected by epithelial cells or manifest back-to-back continuity;

- Solid epithelial islands of eosinophilic epithelial cells without central keratinisation can be seen;

- Foci of foreign-body granulomatous reaction are present at the sites of ruptured horn cysts.
DIFFERENTIAL DIAGNOSIS:

- Nevus comedonicus or seborrheic keratosis (reticulated type)
  - Desmoplastic trichoepithelioma
    - Trichofolliculoma
    - Syringoma
  - Microcistic adnexal carcinoma
    - Panfolliculoma
  - Favre-Racouchot disease