ABSTRACT BOOK
ABSTRACTS

24TH WORLD CONGRESS OF DERMATOLOGY MILAN 2019

A new ERA for global Dermatology
10 – 15 JUNE 2019
MILAN, ITALY

DERMATOPATHOLOGY

GIANT TRICHILEMMAL CARCINOMA ON NASAL DORSUM

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Background: Trichilemmal carcinoma (TC) is a malignant tumor that develops from the external root sheath of the hair follicle, which is relatively rare compared with other skin cancers. In 1976, Headington first proposed the term "trichilemmal carcinoma" for a "histologically invasive, cytologically atypical clear cell neoplasm of adnexal keratinocytes which is in continuity with the epidermis and/or follicular epithelium".

Observation: A 77-year-old man presented with a mass tumor on the nasal dorsum. This tumor arose from the right middle side of the nose for more than 60 years, which presented as a hard papule for more than 50 years and then grew rapidly in the past 9 years and invaded nearly the whole back of the nose. 1 years ago, an ulcer appeared on the middle part of the tumor, with crust and bleeding easily. Physical examination revealed a crimson invasive hard tumor on the nasal dorsum with a size about 8cm×10cm×5cm. There was a large ulcer about 1cm in diameter closing to the center of the tumor with blood crusts on the surface. Histopathology revealed an invasion of epithelial tumors, local necrosis, eosinophils, and bridge structure between the cells in fibrous tissue. Immunohistochemistry showed positive staining for cytokeratin (CK) 5/6, CK8, Cyclin D1, epithelial membrane antigen (EMA), p53, p63 and S100 partly.
Finally, the diagnosis of tricholemmal carcinoma (TC) was made. During 1 year follow up, no recurrence was observed.

Key points: Trichilemmal carcinoma clinically manifests as an asymptomatic solitary papule, keratotic nodule, and indurated plaque with crusted, smooth surfaced cover or ulceration. Although the histological features suggest an intermediate to high grade malignancy, it generally has an indolent clinical course and has a low metastatic potential.

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