



SKIN CANCER (OTHER THAN MELANOMA)

## TRICHOBLASTIC CARCINOMA : A RARE TUMOR WITH UNUSUAL PRESENTATION

*N Fetoui Ghariani*<sup>(1)</sup> - *S Mokni*<sup>(1)</sup> - *N Nabli*<sup>(2)</sup> - *M Ben Kahla*<sup>(1)</sup> - *L Boussofara*<sup>(1)</sup> - *A Aounallah*<sup>(1)</sup> - *R Gammoudi*<sup>(1)</sup> - *W Saidi*<sup>(1)</sup> - *B Sriha*<sup>(2)</sup> - *N Ghariani*<sup>(1)</sup> - *C Belajouza*<sup>(1)</sup> - *M Denguezli*<sup>(1)</sup> - *R Noura*<sup>(1)</sup>

*Farhat Hached University Hospital, Dermatology Department, Susah, Tunisia*<sup>(1)</sup> - *Farhat Hached University Hospital, Pathology Laboratory, Susah, Tunisia*<sup>(2)</sup>

Background: Trichoblastic carcinoma (TC) is a rare malignant tumor which has non-specific clinical presentations but has overlapping histopathological features with basal cell carcinoma. Here, we present an anecdotal case of bilateral and symmetrical TC that arose from vaccination scars.

Observation: A 71-year-old man presented with one-year history of two bilateral and symmetrical exophytic tumors arising from an old vaccination scar on both arms. Examination revealed two exophytic and polypoid tumors measuring respectively 7 cm and 10 cm in diameter and located symmetrically on the lateral side of both arms. A punch biopsy was performed from the tumor and showed typical histological features of basal cell carcinoma. Therefore, he underwent complete surgical excision with 4 mm of normal skin margins. A histopathological examination of the mass revealed a poorly defined nodular tumor composed of basaloid epithelial nests and strands with nuclear atypia and increased mitotic activity, which was diagnosed as trichoblastic carcinoma. Further investigations revealed no regional or distant metastasis and the patient is now under follow-up care.

Key message: TC is a rare malignant adnexal tumor originating from the hair germ cells. It usually presents in middle-aged to elderly adults. According to the level of clinical malignancy, these tumors are divided into low-grade and high-grade lesions. Our patient had seemingly two high-grade TCs, which are characterized by rapid enlargement with inflammation, a large size, and a predilection for the trunk and extremities. The diagnosis of this tumor is challenging and is only established after histopathological examination of the resection specimen. TC is typically a solitary tumor that arises de novo or very rarely from nevus sebaceous. To best of our knowledge, there have been no reports of TC arising from vaccination scars. The bilateral and symmetrical presentation of this tumor on the arms made our observation even more original.

