Trichofolliculoma of the eyelid

B. CARRERAS JR.,¹ I. LOPEZ-MARIN JR.,¹
V. G. MELLADO,² AND M. T. GUTIERREZ²

From the ¹Department of Clinical Ophthalmology and the ²Department of Medico-Surgical Dermatology, Clinical Hospital, Faculty of Medicine, University of Granada, Spain

SUMMARY The clinical and histological features of 2 cases of trichofolliculoma of the eyelid are described. One case presented the typical wool-like wisp of immature hairs and was easily diagnosed clinically. The other one was mistaken for a basalioma. In both cases the histological structure was diagnostic for trichofolliculoma.

Trichofolliculoma is a rare benign tumor of the skin, occurring most often on the face, scalp, or neck.¹ Very seldom may it be found on the eyelid margin, in which case it may have ophthalmic relevance. We are describing the clinical and pathological features of 2 cases of trichofolliculoma on the eyelid margin.

Case reports

CASE 1

Female, 8 years old. For 1 year in the middle of

Correspondence to Dr B. Carreras Jr., Departamento de Oftalmología, Hospital Clínico, Facultad de Medicina, Granada, Spain.

Fig. 1 Trichofolliculoma. Photograph of case 1 showing the typical wool-like wisp of immature hairs emerging from a small tumour on the eyelid margin.

the right superior eyelid margin she had had a small, round, pinkish tumour 2 mm in diameter, with a wool-like wisp of immature hairs emerging from a central orifice (Fig. 1). Treatment consisted on biopsy excision the tumour.

Microscopical observation showed an epidermal

Fig. 2 Trichofolliculoma. Microphotograph of the tumour in case 2, showing a primary hair follicle and cross-sections of secondary hair follicles filled with keratin.

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elevation, whose centre was a hair follicle filled with keratin, and from which other follicles stemmed, some well formed and some rudimentary. The conjunctival stroma was moderately cellular, without signs of inflammatory reaction.

CASE 2

Male, 32 years old. In the inner third of the right lower eyelid he had noted a small round tumour, 3 mm in diameter, without any other outstanding features. The clinical appearance was of a pearly basaloma. Treatment was by biopsy excision.

Microscopical examination showed an acanthotic epidermis and grouped confluent hair follicles (Fig. 2). The histological diagnosis was trichofolliculoma.

Discussion

The trichofolliculoma is an adnexal hamartoma of the skin with differentiation to hair production.² The eyelids contain many hair follicles, and they are a possible site of this tumour.

Trichofolliculomas are rounded tumours of variable size (2–5 mm in diameter) with neat margins and pink colour. Usually they show a wool-like wisp of immature hairs emerging from a central orifice.³

The first of our cases has all the clinical features of the trichofolliculoma reported in the literature,^{1–6} and was easily recognised clinically. The second case lacked the characteristic wool-like wisp of immature hairs and was taken for basaloma. In both cases the histological structure consists of secondary hair follicles derived from a primary hair follicle filled with keratinic lamellae and hairs characteristic of trichofolliculoma.¹

The trichofolliculoma is disfiguring, and the pulling away of hairs and other injuries may cause inflammatory reactions. Thus surgical excision is the best treatment.⁷

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