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Case Report

Proliferating Trichilemmal Tumor at the Niananankoro Hospital in Ségou: About A Case

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Abstract

Proliferating trichilemmal tumor (PTT) is an uncommon lesion that typically occurs on the scalp of older women. The risk factors which have been incriminated in the appearance of tumors of the scalp are: chronic sun exposure, the presence of sebaceous nevi, a history of ionizing radiation, burns, trauma or surgery of the scalp. CT can confirm the cystic and tissue nature of the lesion with the presence of calcifications, signs of locoregional invasion. The diagnosis of certainty is based on the anatomopathological study. The principle of treatment of TTP without the metastasis is a wide surgical excision with a margin of 1 cm in normal tissue. Endocranial extension and distant metastases are obstacles to surgical treatment. We report a rare case of scalp tumors in a hospital setting in a 75-year-old woman.

Keywords: Tumor, trichilemmal, CT, Niananankoro Fomba hospital.

COMPLIANCE

A 75-year-old woman was referred for a cranio-encephalic computed tomography for a voluminous ulcero-budding left parietal mass of the scalp evolving for more than 9 years. She had no known history. She lives in a rural area. The clinical examination showed a painless, firm, adherent ulcero-budding tumor mass, 15 cm in long axis, located at the left parietal level of the vertex. There were also occipital, retroauricular and posterior cervical lymph nodes on the left side of the lesion.

Cerebral CT performed without and with injection of the contrast product showed a highly vascularized left parietal tumor process without bone invasion. A staging assessment (lung X-ray and abdominal ultrasound) was normal. We suggested a biopsy for histological study which was refused by the patient.

DISCUSSION

Proliferating trichilemmal tumors (PTT) were first described in 1966 by Jones, who called them "proliferating epidermoid cysts" [3]. It is a rare tumor with an unknown incidence, common in women over 40 years of age. It is most often benign, but we can have infiltrating tumors with a low risk of local recurrence or histologically transformed tumors with a low risk of lymph node metastasis, which can both transform into a malignant proliferating trichilemmal tumor [2].

In the literature, the risk factors that have been implicated in the appearance of tumors of the scalp are: chronic sun exposure, the presence of sebaceous nevus, a history of ionizing radiation, burns, trauma or surgery of the scalp [4]. Macroscopically, they are exophytic, often ulcerated, polypoid, sometimes nodular and dyskeratotic [5].

CT is especially useful for assessing bone erosion and remote secondary locations (lymph nodes, lungs). It confirms the cystic and tissue nature of the lesion with the presence of calcifications, signs of locoregional invasion [4].

The diagnosis of certainty is based on the anatomopathological study which shows an intradermal tumoral proliferation in sheet, comprising a sudoral

differentiation and cut by a dense and hyalinized stroma with nuclear pleomorphism and figures of mitoses [6].

The principle of treatment of TTP without the metastasis is a wide surgical excision with a margin of 1 cm in normal tissue. Endocranial extension and distant metastases are obstacles to surgical treatment. The treatment in these cases is palliative, combining chemotherapy (six cycles of cisplatin and 5-fluorouracil) and radiotherapy [3].

Figure 1: Sagittal section of the uterus showing a fundal breach with passage of an intrauterine loop

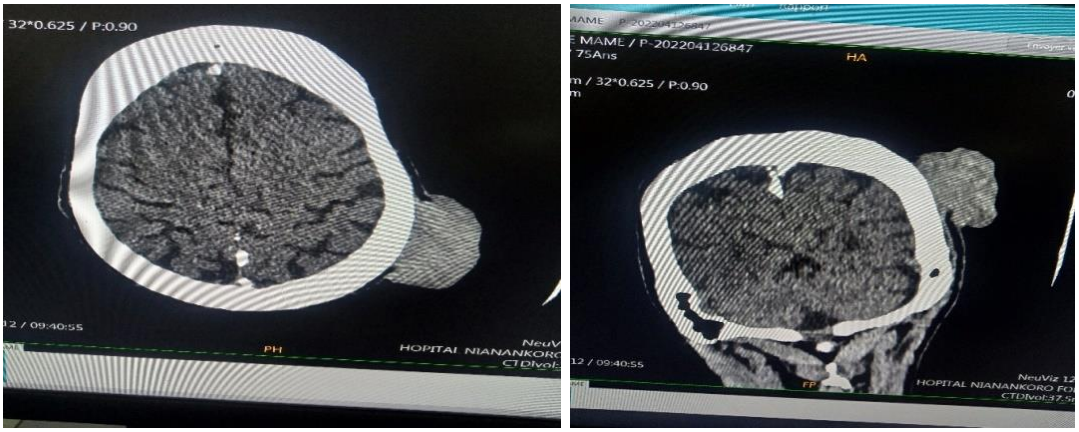

Figure 2: Axial and coronal sections without injection of contrast product highlighting a left parietal fleshy mass

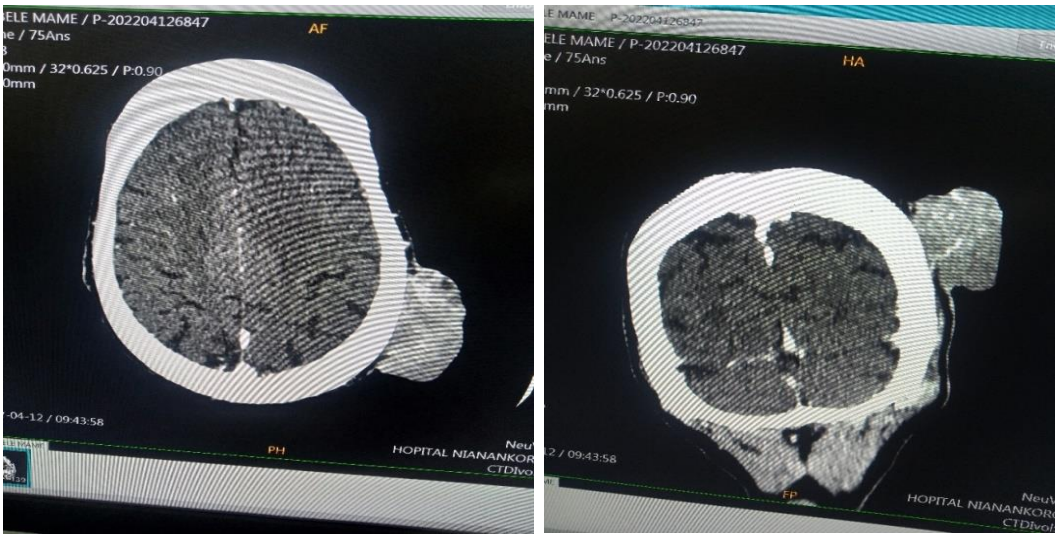

Figure 3: Axial and coronal sections after injection of the contrast product highlighting a richly vascularized left parietal process

CONCLUSION

Malignant scalp tumors are infrequent, the high mortality of malignant forms of which could be explained by the diagnostic delay and the operability of elderly patients. The role of CT remains decisive in the management of this pathology.

Conflict of Interest: None.

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