

Trichoepithelioma of the Vulva - Plastic Surgery Treatment - Case Report

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ABSTRACT

Trichoepithelioma is very rare and benign skin lesion. It is arising from hair follicles. [1] This slowly growing cutaneous tumour most commonly arises on the face and scalp, neck and trunk, and usually presents clinically as single or multiple nodules. It is exceptionally rare on the vulva. Vulvar trichoepithelioma has complex histologic patterns. It originates in appendages that simulate malignancy. [2] There were only a few previous reports of cases, of such a tumour occurring on the vulva [1-3].

Case Report

A 30-year-old woman was referred with 5-year history of both-sided vulvar tumours - multiple nodules, which had increased in size. On examination there were many small nodules localized under the skin of the labia majora, laying along its top margin (Figure 1). There were no other symptoms, or lymphadenopathy, but on the other hand, the patient was not well. She had decreased self-esteem and was ashamed of her appearance. She had one child birth in her past medical history and she planned to have another one, but in her opinion, it was impossible in such situation. She decided to remove tumours first.

These psychological symptoms were the main reason of taking the decision for choosing the plastic surgical technique of excision the lesion. It was excised under general anaesthesia. After being marked, the tumour was excised with RF tool. Left edges of the wound were smooth, without signs of nodules. The histology reported micronodular trichoepithelioma. Because of patient will, simultaneously with labia majora plastic surgery, the resection of left labia minora was performed (posterior wedge resection).

On review the wounds were well healed. First control was presented 4 weeks after surgery. Patient was very well and satisfied of the plastic results. Proper shape of the vulva was preserved and no disturbances were reported by the patient (Figure 2).



Second control took place one year after surgery. Patient was very satisfied and she was pregnant again (she got pregnant 6 months after the operation). Scars were almost invisible. She claimed increased self-esteem and satisfaction of her body image (Figure 3).



Discussion

The trichoepithelioma represents a proliferation of basaloid cells that form hair follicle-like structures [3]. Basal cell carcinoma, as more aggressive counterpart of this lesion, can be distinguished from trichoepithelioma thanks to presence of ulceration and the lack of hair follicle-like structures.

Histologically individual cell groups are similar to those in basal cell carcinoma and are quite often diagnosed as such (up to 35% of cases) [2]. There were several hypotheses postulated as to the histogenesis of trichoepithelioma. First one made by Brooke in 1892. He claimed it to originate in hair sac or epidermis [4]. Other practitioners believe it develops secondary to differentiation of pluripotent cells towards hair structures [3].

The most important question is to distinguish trichoepithelioma from carcinoma, which is more common and more aggressive. Radical and wide excision should be avoided in case of benign lesion being confirmed. In author opinion, plastic surgical procedures should be considered in such cases.

References

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