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Familial Multiple Trichodiscomas

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Camarasa JG, Calderon P and Moreno A. Familial Multiple Trichodiscomas. Acta Derm Venereol (Stockh) 1988; 68: 163–165.

A familial multiple trichodiscoma involving two sisters is reported. Trichodiscoma is a benign neoplasm of the mesenchymal component of the hair disk characterized clinically by asymptomatic papules and histologically by a dermal fibrovascular proliferation. Familial involvement and associations with other follicular neoplasia should be investigated in all cases.
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Trichodiscoma was originally described by Pincus et al. (1) as a benign neoplasm of the mesodermal component of the hair disk (*Haarscheibe*). Clinically, trichodiscomas are multiple, smooth, flat or dome-shaped, skin-colored asymptomatic papules. Histologically they appear as slightly elevated fibrovascular papules in a loose connective stroma, rich in acid mucosubstances (1, 2).

In recent publications (3, 4), a new subset of trichodiscomas, involving more than one member of the same family, has been reported. We describe an additional kindred with multiple trichodiscomas.

CASE REPORT

A 40-year-old housewife was referred to our Department for evaluation of cutaneous lesions which had been present for approximately one year.

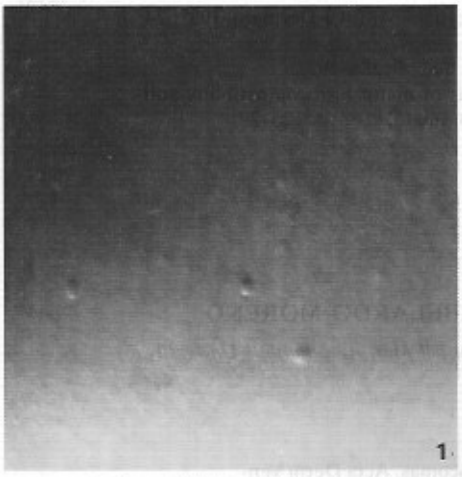
Dermatological examination revealed multiple, dome-shaped, skin-colored papules, 2 to 3 mm in diameter. They were distributed over the forearms, arms and thighs (Fig. 1). The lesions were asymptomatic. General examination and routine laboratory tests were within normal limits.

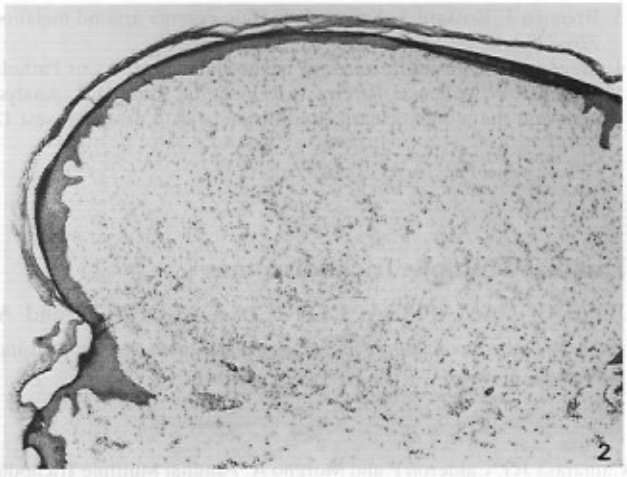
The patient had four brothers and three sisters. A sister aged 54 had similar cutaneous lesions located on the thorax and upper extremities that had been present for years.

Two punch biopsies were performed. Histopathological examination revealed a dermal papule (Fig. 2) covered by normal epidermis that showed elongated rete ridges at the periphery, forming a collaret. The papule consisted of spindle-shaped or stellate fibroblasts and haphazardly arranged capillary vessels, embedded in a loose connective stroma (Fig. 3). Colloidal iron (Mowry) stain revealed abundant acid mucopolysaccharides. One of the tumors showed a hair follicle on the rim of the papule.

DISCUSSION

This report presents the third case of familial multiple trichodiscoma. Starink et al. (3) described two sisters and the son of one of them, with multiple trichodiscomas of early onset.





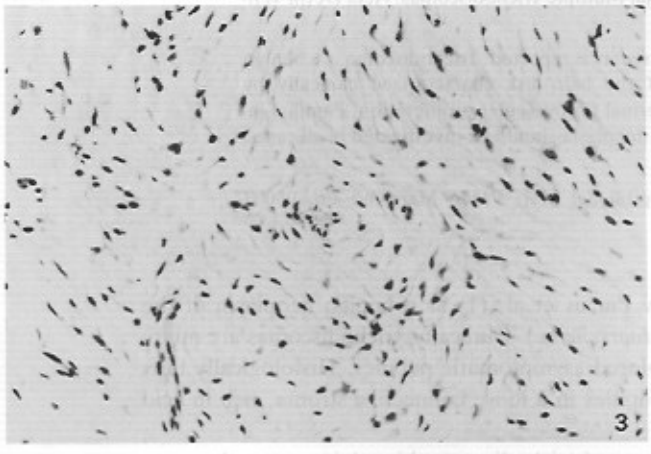


Fig. 1. Multiple dome-shaped skin-colored papules.

Fig. 2. Dome-shaped dermal papule covered by normal epidermis (H-E Stain) (×30).

Fig. 3. Spindle-shaped, bipolar fibroblasts and capillary vessels embedded in a loose connective stroma (H-E Stain) (×140).

Balus et al. (4) reported eruptive trichodiscomas in two sisters. In both cases, other members of the families were uninvolved.

Trichodiscoma is a hamartomatous proliferation of the mesenchymal component of the hair disk (1, 2). There is no epithelial component although a pilosebaceous structure is frequently seen at one of the tumor borders. Occasionally, a myelinated nerve approaches or enters the lesion (1). The observation of multiple Merkel cells in the epidermis overlying the tumor (1, 5) has not been confirmed (6, 7) in spite of electron microscopic examination (3, 4).

Trichodiscomas have been reported in a pure form (1, 2, 5, 8) and in a wide spectrum of combinations with other neoplasias derived from the hair follicle (1, 9, 10). The Birt-Hogg-Dubé syndrome (6, 10, 11) is characterized by multiple fibrofolliculomas, trichodiscomas and acrochordons with an autosomal mode of inheritance, although sporadic cases have been reported (7).

The familial multiple trichodiscoma should be added to the subsets of clinicopathologic presentations of trichodiscomas. The clinical finding of multiple small papules should alert the dermatologist to a hair disk-derived neoplasm (fibrofolliculoma, perifollicular fibroma) as well as tuberous sclerosis, connective tissue nevi and papular mucinosis. The final diagnosis is only made after histopathological examination. In all cases, familial involvement

should be investigated. For prognostic purposes, the condition should be regarded as benign, since no associations with internal malignancies have been described.

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Racial Differences in Experimental Skin Infection with *Candida albicans*

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Rebora A, Guarrera M. Racial differences in experimental skin infection with *Candida albicans*. Acta Derm Venereol (Stockh) 1988; 68: 165–168.

The forearm skin of 10 Caucasians and 10 American Negroes was inoculated with *Candida albicans* and the severity of the ensuing dermatitis as well as the population of Candida and other aerobes in the inoculum site have been assessed. Negroid skin proved to be less susceptible to irritation, even though it harboured a higher population of yeasts and aerobes other than Candida. (Received July 10, 1987.)

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Racial differences in the skin physiology are poorly understood. The main fields of research have been morphology and biology of the melanocytes, while the popular belief that Negro skin is more resistant to irritants and infective agents, has been neglected (1).

In the present investigation we studied the response of negroid skin to the inoculation of *Candida albicans* (CA).

MATERIALS AND METHODS

Twenty healthy men, in the age range 21–59 years, 10 Caucasians and 10 American Negroes, were studied. All of them signed an informed consent to take part in the study.