

Trichoepithelioma: A Rare Skin Condition with Significant Psychosocial Burden

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Trichoepithelioma is a rare, benign tumour originating from hair follicles. These tumours are generally presented as small, firm papules or nodules that often match the skin colour or appear yellowish. They are predominantly found on the face, especially around the nose and forehead [1,2]. This case details a 58-year-old female presenting with multiple papules on her face, accompanied by mild, intermittent itchiness and dryness that persisted for the past 20-25 years. The condition significantly impacted her quality of life both socially and mentally. Despite consulting various dermatologists, the patient did not receive effective treatment. Histopathological examination of the lesions showed no evidence of malignancy.

A family history was noted, as the patient's mother also had a few similar lesions around her nose. Differential diagnoses included Basal Cell Carcinoma (BCC), syringoma, and fibrous papules of the face, which were ruled out based on clinical presentation and pathophysiological differences. BCC was excluded due to its malignant nature, syringomas were ruled out as they are typically found around the eyes, and fibrous papules are mainly confined to the nose. Therefore, the diagnosis of multiple familial trichoepithelioma, a hereditary form of benign trichoepithelioma, was confirmed [Table/Fig-1-3].

**[Table/Fig-2]:** Left lateral view of face with multiple trichoepithelioma.**[Table/Fig-1]:** Multiple trichoepithelioma over face.**[Table/Fig-3]:** Right lateral view of face with multiple trichoepithelioma.

Genetic analysis revealed that mutations in the CYLD gene on chromosome 16q12-q13 are the primary cause of multiple familial trichoepithelioma. The CYLD gene encodes a protein that negatively regulates cell proliferation and inflammation, including the Wnt/ β -catenin and NF- κ B pathways. A mutation in CYLD leads to uncontrolled cell growth, contributing to tumour formation [3].

Histologically, trichoepitheliomas differ from BCCs by the presence of basaloid cells surrounded by fibrous stroma and keratin-filled horn cysts [4]. Treatment for trichoepithelioma typically involves surgical excision or ablative laser therapy. However, these treatments may result in unsatisfactory outcomes and tumour recurrence. Pharmacological interventions, when used alone or in combination with traditional methods, may offer partial responses, but evidence supporting their efficacy remains largely anecdotal [5].

In this case, the patient was treated with Ayurvedic remedies, including Tab Neem 500 mg twice daily (BD) with Haridra Jal as anupan, and local application of coconut oil to soothe dryness and provide a cooling effect. These treatments were intended as supportive care to reduce inflammation and alleviate symptoms, though their ability to fully resolve the condition is limited.

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