

Dermoscopy of Cylindroma

A 79-year-old male presented with an asymptomatic insidious onset, gradually progressive red raised lesion of 5-year duration, over right frontoparietal region. Dermatological examination revealed a solitary firm, rubbery salmon pink tumour with bosselated surface measuring 7.5 cm × 6.5 cm located over right frontoparietal region [Figure 1]. Polarised dermoscopy shows white to light pink background, structureless light pink areas surrounded by white linear structures, fine arborizing telangiectatic vessels on the surface and white structureless areas. Contact dermoscopy shows yellowish homogenous areas, brown structureless areas and blanching of surface telangiectasia [Figure 2a and b]. Histopathology was consistent with cylindroma [Figure 3].



Figure 1: Solitary firm, rubbery salmon pink tumour with bosselated surface measuring 7.5 cm × 6.5 cm present over right frontoparietal region

Cylindroma is a benign slow growing adnexal tumour, presenting as single or multiple in number mainly over head, neck and scalp. Solitary cylindroma are sporadic whereas multiple cylindroma may occur as part of autosomal dominant Brooke-Spiegler syndrome.^[1] Cylindroma mimics nodular Basal cell carcinoma (BCC), both clinically and dermoscopically due to the presence of arborizing vessels. Dermoscopy of cylindroma shows vessels which are more prominent in periphery, while in BCC, they are more prominent in centre.^[2,3] The homogenous white-pinkish background is a consistent feature of cylindroma while shiny white structures, blue-grey ovoid nests and ulceration are features of nodular BCC.^[4,5] Presence of telangiectasia and white structureless areas also suggest differential of basosquamous carcinoma in our case. The white linear structures on dermoscopy may represent

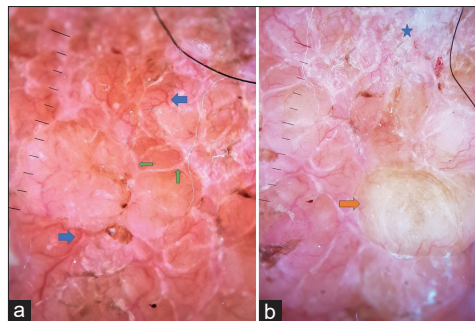


Figure 2: (a) Polarised dermoscopy shows white to light pink background, structureless light pink areas surrounded by white linear structures (green arrow) and fine arborizing telangiectatic vessels that are more prominent in periphery (blue arrow) (Dermlite DL4, 10×, polarised) (b) Contact dermoscopy shows light pink background, yellowish homogenous areas (orange arrow), white structureless areas (blue star), brown structureless areas (blue circle) and blanching of surface telangiectasia (Dermlite DL4, 10×, polarised)

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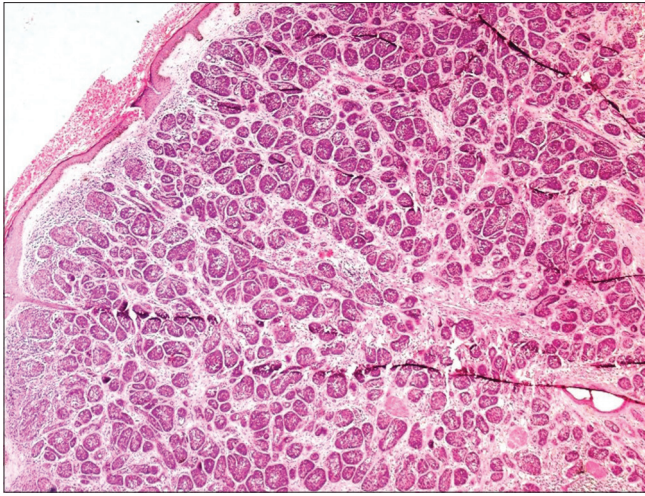


Figure 3: Histopathology shows multiple well circumscribed dermal lesions consisting of basaloid cells arranged in cords, trabeculae and small islands in a jig saw puzzle appearance, separated by dense band of hyaline basement membrane like material. There was absence of atypia, mitotic figures, necrosis or nuclear pleomorphism. (H and E, 40×)

dense hyaline basement membrane like material surrounding circumscribed nest of basaloid cells on histopathology. Pink homogenous area correlates with multiple lobules arranged in compact jigsaw pattern and thin walled blood vessels present between tumour mass and epidermis corresponds to telangiectasia. Cylindroma shows distinctive features and dermoscopy may be helpful in diagnosis of this not so common tumour.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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