

# Introduction of Trichoblastic Carcinoma

Shahin Gavanji\*

Faculty, Department of Biotechnology, University of Isfahan, Iran

\*Corresponding author: Shahin Gavanji, Faculty, Department of Biotechnology, University of Isfahan, Iran, E-mail: shahin.gavanji123@yahoo.com

Received date: April 13, 2021; Accepted date: April 27, 2021; Published date: May 04, 2021

Citation: Shahin Gavanji (2021) Introduction of Trichoblastic Carcinoma. Head Neck Cancer Res. Vol.6 No.3.30

## Abstract

Trichoblastic is a slowly growing rare tumor. It is said as a rare hair follicle tumor occurred from a malignant transformation of a benign trichoblastoma. Sun exposure is also a cause of trichoblastic tumor. The tumor arises from follicular germinative cells and develops dermal or subcutaneous fat invasion. It is a rare malignant tumor that develops from the external root sheath of the hair follicle. It is usually found in the skin that occurs on the sun-exposed areas of the body.

## Introduction

Lesions of trichoblastoma are often found on the face and scalp of adults around 40-50 years of age. If the trichoblastoma has been left untreated, it can undergo malignant transformation into a trichoblastic carcinoma. In some cases, where the first trichoblastoma has been excised, a recurring lesion with high metastatic potential may develop at an equivalent site years later. Trichoblastic carcinoma tumors have also occurred on other parts of the body including the forearm, lower back and thigh.

Trichoblastic carcinoma tumors have also occurred on other parts of the body including the forearm, lower back and thigh. They have been found in both male and female patients aged between 40-90 years of age. Some patients may experience occasional moderate itching and bleeding of the tumor. Tumors may be locally aggressive and lead to widespread metastases in the lymphatic and blood systems. Although rare, there have been several cases of trichoblastic carcinoma with widespread metastases and death. Lesions of trichoblastoma are often found on the face and scalp of adults around 40-50 years of age.

If the trichoblastoma has been left untreated, it can undergo malignant transformation into a trichoblastic carcinoma. In some cases, where the original trichoblastoma has been excised, a recurring lesion with high metastatic potential may develop at the same site years later.

They have been found in both male and female patients aged between 40-90 years of age. Some patients may experience occasional moderate itching and bleeding of the tumor. Tumors could also be locally aggressive and cause widespread metastases within the lymphatic and blood systems. Although rare, there are several cases of trichoblastic carcinoma with widespread metastases and death.

Skin biopsy is that the only definitive diagnosis for trichoblastic carcinoma. Ideally, the entire tumor should be excised and submitted for histological examination. The histology of trichoblastic carcinoma will differentiate it from other skin tumors that have similar clinical presentations; these include its benign counterpart trichoblastoma, trichilemmal carcinoma, pilomatrix carcinoma and basal cell carcinoma.

Histological findings of trichoblastic carcinoma are very almost like those found in basal cell carcinoma. It is extremely important to form the right diagnosis, as basal cell carcinoma rarely metastasizes and becomes life-threatening, whilst trichoblastic carcinoma are often aggressive and cause death.

Complete surgical excision with a margin of normal tissue is that the recommended treatment. Mohs micrographic surgery could also be used to ensure better margin control. Currently there is no consensus regarding the margin size of normal tissue. Additional radiotherapy and/or chemotherapy could also be used to treat metastases and for locally aggressive tumor.

Prognosis in patients with trichoblastic carcinoma is often poor, especially if initially benign trichoblastoma lesions are present for an extended time and if patients are immunocompromised.