

# Giant proliferating trichilemmal cyst with latissimus dorsi bilateral myocutaneous flap closure

## *Tumor triquilemal proliferante gigante com fechamento por retalho miocutâneo bilateral de grande dorsal*

### ABSTRACT

This article reports the case of a 54-year-old male patient diagnosed with a recurrent gigantic trichilemmal tumor on the back, having undergone surgery six years earlier. After the exeresis of the lesion (with 1 cm margins), reconstruction was carried out using a bilateral myocutaneous flap from the latissimus dorsi muscle to close the surgical wound. This report describes the clinical-epidemic characteristics of trichilemmal tumors, as well as treatment options.

**Keywords:** cysts; surgical flaps; neoplasm recurrence, local.

### RESUMO

*Paciente do sexo masculino, 54 anos de idade com diagnóstico de tumor triquilemal gigante recidivante localizado no dorso, com cirurgia prévia realizada há seis anos. Após exérese da lesão com margem de 1cm, foi realizada reconstrução com retalho miocutâneo bilateral do músculo grande dorsal, com fechamento da ferida operatória. Descrevemos neste relato características clinicoepidemiológicas do tumor triquilemal, assim como as opções terapêuticas.*

**Palavras-chave:** cistos; retalhos cirúrgicos; recidiva local de neoplasia

### INTRODUCTION

A 54-year-old male patient sought care at the Oncology Center of the Amazonas Foundation in September 2010 with a 23 cm x 18 cm recurrent tumor – which had well-defined borders, a lobulated surface and a hardened consistency – on his back. The tumor had been previously operated on in 2004 (Figure 1). In 2004, the histopathological analysis of the specimen concluded it was a proliferating trichilemmal tumor (PTT). The preoperative CT scan revealed a heterogeneous, expansive oval lesion measuring 15.6 cm x 10.6 cm, with a lobulated shape, rough calcifications, and a blurring of the sub-jacent fat, adjacent to the paravertebral muscles. The tumor resection was performed with a 2 cm safety margin (Figures 2 and 3) and a bilateral myocutaneous rotation flap of the latissimus dorsi muscle (Figure 4) to close the extensive wound (Figure 5). The anatomic pathologic examination of the specimen described a tumor mass weighing 1,850g, with a diameter of 27 cm and a histology typical of TTP.

## Relato de Caso

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Received on: 10 September 2011

Approved on: 10 December 2011

This study was carried out at the Fundação Centro de Controle de Oncologia do Amazonas da Universidade Federal do Amazonas – Manaus (AM), Brazil.

Conflicts of interest: None  
Financial support: None



Figure 1 - Tumorous lesion occupying the left side of the back

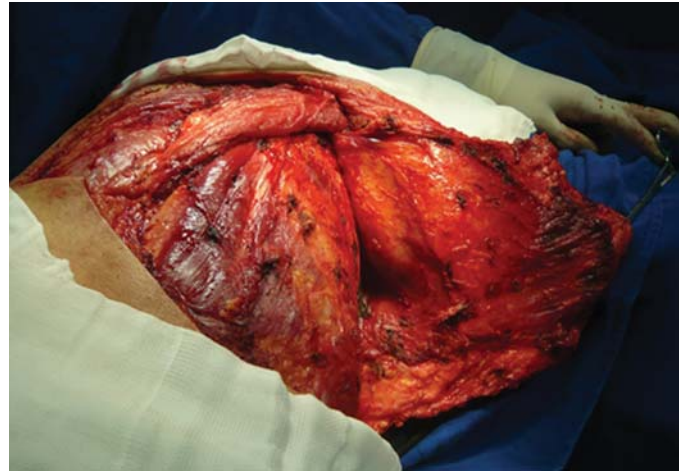


Figure 4 - Bilateral myocutaneous rotation flap of the latissimus dorsi muscle and



Figure 2 - Delimiting of the 2 cm safety margin around the lesion



Figure 5: Final appearance of the wound's closure



Figure 4: Extensive post-operative wound after tumor resection

## DISCUSSION

PTTs are an aggressive variant of trichilemmal cysts that often affect women over 40; they were first described as a “proliferating epidermoid cyst” by Wilson Jones in 1963.<sup>1-4</sup> They have since been referred to in the literature by different names: invasive pilomatrixoma, trichoclamidocarcinoma, gigantic matrix capillar tumor and keratinizing trichilemmoma.<sup>3,4</sup> Originating in the hair isthmus, PTTs<sup>4,5</sup> are usually solitary and develop in areas with high concentrations of hair follicles, such as the scalp.<sup>2-5</sup> Other locations, such as the trunk, are occasionally described.<sup>2-5</sup> TPTs<sup>2-5</sup> present as well-circumscribed and lobulated masses, and the surrounding tissue may atrophy or ulcerate.<sup>3-5</sup> The lesions may be mistaken for squamous cell carcinomas, both clinically and histologically.<sup>3-5</sup>

Usually, PTTs raise controversy due to their clinical behavior – which is, in most cases, benign – despite their local infiltrative potential.<sup>3</sup> Tumors with marked cell atypia might behave as if they were benign. Likewise, in some cases there is an absence of architectural atypia, however with aggressive clinical beha-

rior, which may even infiltrate the surrounding tissue, with a possible local recurrence of the lesion.<sup>3,5</sup> Lymph node metastases are described in rare cases.<sup>3</sup> Notwithstanding its local infiltrative potential, its clinical behavior is, in most cases, benign.<sup>3</sup> The treatment of choice is the complete resection of the tumor with surgical margins of at least 1 cm.<sup>4</sup> The patient described in this study stands out for being a man with a 27 cm lesion in an unusual location.<sup>2-5</sup> He underwent a complex surgical procedure that allowed the closure of the extensive surgical wound. ●

## REFERENCES

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