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# Trichoblastoma Complicating Jadassohn's Sebaceous Hamartoma

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**KEYWORDS**

Hamartoma; Jadassohn; Trichoblastoma

## 1. INTRODUCTION

Jadassohn's Sebaceous Hamartoma (HSJ) is a complex congenital dysembryoplasia. The tumor transformation occurs in adulthood, often in a benign form.

## 2. CLINICAL IMAGE

A 32-years-old man of phototype IV, without any previous history, had had a warty plaque on his right temple since birth, asymptomatic and discovered by chance during a consultation. The plaque was yellowish and greasy in appearance at the right temple, with a long axis of 2 cm, which had been evolving since birth (Figure 1). Dermoscopy revealed a yellow background with yellowish globules grouped together in clusters (white arrow), suggesting a sebaceous nevus. There was an erythematous background (red arrows) and ovoid nest (black arrow) and telangiectasia on a lateral area (Figure 2). A biopsy was performed was in favor of a trichoblastoma on jadassohn sebaceous hamartoma.

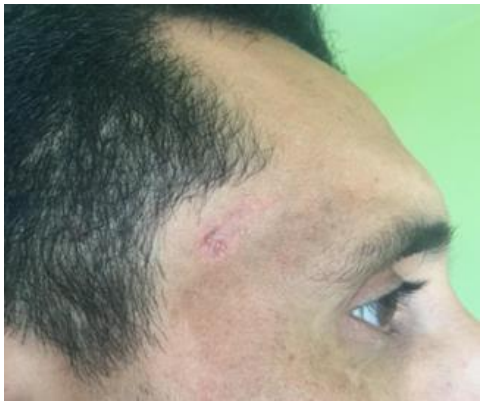

**Figure 1:** Clinical appearance: Yellowish-looking plaque at the temple.

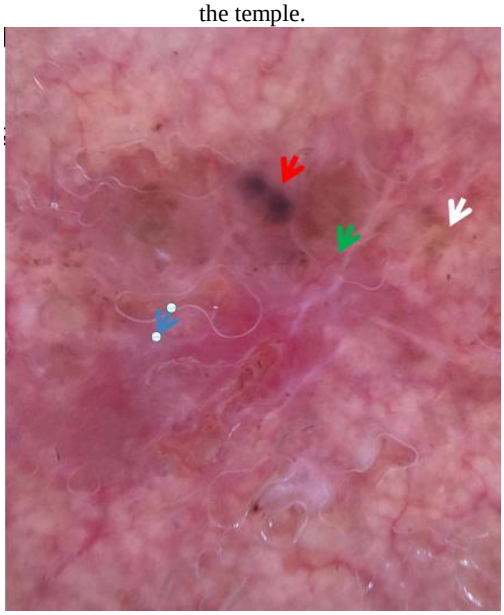

**Figure 2:** Dermoscopy; Yellowish blood cells grouped in clusters (white arrow), Ovoid nest (red arrow), Telangiectasia (green arrow) and Erythematous background (blue arrow).

## 3. DISCUSSION

HSJ evolves in three clinical and histological stages, depending on age, initially manifesting as a slightly elevated pinkish alopecic oval plate in childhood, becoming mameloid and warty at puberty [1].

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In adults, the appearance of oozing, nodule or ulceration on the alopecic plaque indicates the development of a tumour, often benign to the type of papillary trichoblastoma or syringocystadenoma. Indeed, the risk of developing basal cell carcinoma (BCC) in HSJ has been overestimated, the majority of cases described as BCC were trichoblastoma and follicular, non-invasive tumours. This risk is currently less than 1% [2]. Trichoblastoma appears to be the most common tumour complicating this hamartoma [3]. No prophylactic measures are necessary in early childhood. Sebaceous hamartoma can be monitored if its aesthetic appearance does not require surgery [4]. However, an excision can be discussed for HSJ before adolescence. The most effective procedure is removal surgery.

## 4. CONCLUSION

Jadassohn's sebaceous hamartoma is a benign tumour, which has been fading since childhood. The risk of complications from both benign and malignant tumours, notably CBC, is described, hence the interest of surveillance.

## 5. CONFLICT OF INTEREST

The authors do not declare conflicts of interest.

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