INTRODUCTION

Nevus lipomatosus cutaneous superficialis (NLCS) and trichofolliculoma (TF) are both rare cutaneous hamartomatous lesions. However, the coexistence of NLCS and TF as a single lesion has been reported only in two other cases, that too in middle-aged individuals. We report the first case of NLCS associated with TF in the pediatric age group and also, to the best of our knowledge, the first case reported from India.

CASE REPORT

Our case was a 7-year-old female with a cauliflower-like growth on the left forearm, which was noticed when it suddenly increased in size following bamboo stick injury. The child was brought to our hospital and a small growth was noted. Given the history, a provisional diagnosis of foreign body granuloma was made. On excision, a small sinus draining thick white material was noted and was sent to the histopathology department. We received a single skin covered tissue bit measuring 2.5 cm × 1.5 cm × 0.8 cm along with a central cauliflower growth measuring 2.0 cm × 1.0 cm × 0.8 cm. Cut surface of the cauliflower-like lesion was yellowish and communicating with the tissue underlying the skin [Figure 1].

On microscopic examination, the polypoid lesion was overlined by the skin with underlying tissue showing adipocytes admixed with fibrous tissue. In addition, multiple,
thin strands of the squamous epithelium were seen arising from the overlying epidermis. Also noted was a large cystically dilated hair follicle-like structure with abundant keratin material within the lumen [Figure 2]. The surrounding area showed strands of the squamous epithelium with branching as well as numerous horn cysts and sebaceous glands associated with it. The surrounding tissue showed numerous ruptured horn cysts associated with foreign body giant cell reaction. A diagnosis of “NLCS associated with TF” was made.

**DISCUSSION**

NLCS is a rare hamartomatous lesion which presents as flesh-colored or yellow-colored papules or nodules, at birth or within the first two decades of life, and is most commonly seen in the gluteal region and rarely in the scalp and face.\(^1\) Similarly, TF is also a rare cutaneous hamartoma presenting in adulthood as a solitary nodule in head-and-neck region with central umblication and tuft of the hair.\(^2\)\(^-\)\(^3\) The occurrence of NLCS associated

with other lesions has been reported, but rarely, which include abortive hair germ-like structures, hyperplastic pilosebaceous units, fibrofolliculomas, folliculosebaceous cystic hamartoma (FSCH), and cylindroma.\(^5\)\(^-\)\(^10\)

However, the coexistence of NLCS and TF as a single lesion has been reported only in two other cases that too in middle-aged individuals.\(^1\)\(^,\)\(^4\) Both these cases presented in the late age group but had been presented for several years and presented on the forearm and lower leg. Our case presented in this pediatric age group probably because of the bamboo stick injury which brought the lesion to attention. Our case presented on the forearm which appears to be the preferred site (limbs). Histologically, both the cases showed similar histopathologic features like ours. Even though some authors believe FSCH and TF to be a part of the same continuum, the presence of abortive hair follicles in TF appears to be an important feature which distinguishes it from FSCH.\(^11\)

From the above cases and the present case, an observation can be made that NLCS associated with TF develops in childhood, has no sex predilection, presents in sites where NLCS or TF is extremely rare, and has predilection for the limbs. Further, this rare entity may show variable gross features, due to which it can often be misdiagnosed. Even though NLCS is not known to recur, TF often shows recurrence. Malignant transformation is not known to occur in either of the lesions. Hence, excision is indicated with follow-up.

We also believe that NLCS is highly under-reported, given its benign nature, and is not as rare as it is believed to be.
Therefore, it can be concluded that variants and lesions associated with NLCS exist, which have variable clinical presentation and histopathologic features and should be looked for while diagnosing a NLCS with atypical clinical features.

**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.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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