

tumors were seen in 25.8% of patients.<sup>4</sup> Our first patient had SCC arising from the bulbar conjunctiva which must be very rare. In a case report, a seven year old boy with XP and a large SCC of the cheek received a combination of isotretinoin (1 mg/kg/day) and chemotherapy for a period of 3 months and showed complete remission of the tumor.<sup>5</sup> We resorted to surgical treatment in our cases because there were no secondaries and initiated isotretinoin therapy (1mg/kg/day) for prevention of development of fresh tumors. Our patients did not have metastasis probably because they presented to us early in the course of the malignancies.

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## Trichostasis spinulosa: case report

A 46-year-old female patient presented to our clinic for itching and ulcers under her breast. On dermatological examination, there were two erythematous, papulonodular lesions 1 cm diameter under the breast and multiple, slightly raised and slightly pigmented follicular lesions (**Figure 1**). Otherwise her medical and family history was unremarkable. Systemic examination was normal. Her hemogram, urea, creatinine and urine tests were normal. ESR was 26mm/hour and CRP 0.79mg/dl. Fasting blood glucose (155mg/dl), AST (54 U/L), ALT (94 U/L) levels were raised. She was diagnosed as a case of trichostasis spinulosa along with pyoderma.

Since the patient had no complaints in terms of trichostasis spinulosa lesions, treatment was not advised. Local treatment was started for pyoderma.



**Figure 1** Multiple skin-coloured papules and two ulcerated papulonodules under the left breast.

Trichostasis spinulosa (TS) is a relatively common but overlooked condition that affects pilosebaceous follicles. Diagnosis is mostly incidental. Etiology is unknown. Besides congenital dysplasia of hair follicles some external factors such as dust, oil, UV rays, heat and irritants are considered to cause the disease. The illness is more common among young and dark-skinned black women. Slightly raised, small (1 mm diameter), dark-colored follicular lesions develop that must be differentiated from comedones and keratosis pilaris. Usually, these are seen on face and nose but may appear on forehead, chest, interscapular area and arms. Histopathologically, clusters of vellus hair in telogen phase are seen forming a hyperkeratotic plug in the follicular infundibulum. Dermatoscopy can help in diagnosis.

TS is a cosmetic problem for young women and may also cause itching. Topical treatments (keratolytics, retinoic acid, such as creams and chemical depilatory) may give temporary relief. Enduring treatment is achieved by the exclusion of abnormal hair follicles by laser.<sup>1-5</sup>

Since the trichostasis spinulosa is rare seen lesion and also observed in atypical localization, we reported this rare case.

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