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CLINICAL PHOTOGRAPH

Inverted follicular keratosis of the nasal vestibule

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We present a case of a 65-year-old man, a smoker of 20 cigarettes per day, with no significant comorbidities. The patient came to our observation for an asymptomatic, growing, exophytic, corneal, brown lesion located in the left nasal vestibule. The patient did not have previous episodes of epistaxis, and he noticed the appearance of the lesion five months earlier, reporting its slow growth (Fig 1). The lesion clinically appeared as a solid horn-shaped neoplasm with no evidence of deep infiltration of the nasal cartilaginous framework.

The neoplasm was excised using a Colorado Needle scalpel under local anesthesia, including the site of origin, and was dissected in the subperichondral plane of the alar cartilage. The specimen was sent for final histopathologic examination. The patient was discharged with topical antibiotic ointment three hours after surgery.

The pathologist described the lesion as a margin-free verrucosal and exophytic cellular growth, with intralesional corneal cystic inclusions, surrounded by nonspecific chronic inflammatory infiltration, with no evidence of cellular atypia. All these findings were suggestive of inverted follicular keratosis. The presentation of this clinical case was approved by the Institutional Review Board of the Spedali Civili of Brescia.

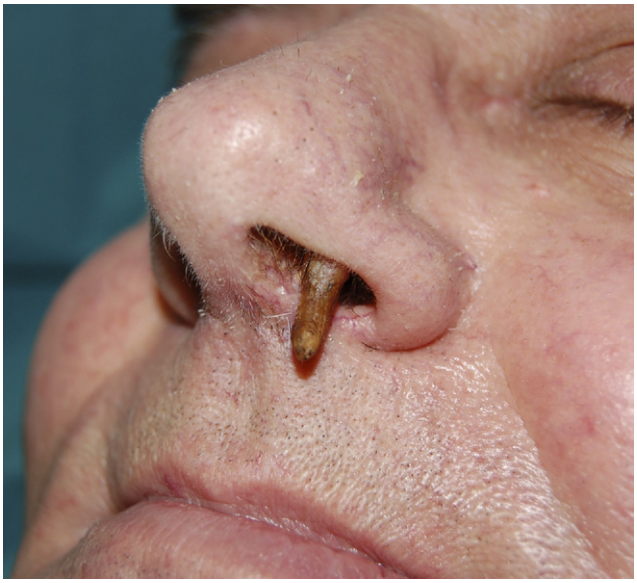

Figure 1 Exophytic, corneal, brown lesion located in the left nasal vestibule. The site of origin of the lesion is on the cutaneous endonasal vestibular surface.

DISCUSSION

Inverted follicular keratosis is a benign, asymptomatic, solitary skin lesion, which typically presents in middle-aged or older patients, with median age at presentation of 69 years.[1,2] The lesion most often arises as a solitary skin nodule on the face; however, multiple inverted follicular keratoses have been described in Cowden's syndrome.[3] The lesion usually arises from the infundibular portion of the hair follicle, and can be misdiagnosed with different skin cancers. Generally it can present chromatic variants, typically from yellow to brown, in relation to the content of melanin. Inverted follicular keratosis is a variant of seborrheic keratosis that can be described with different patterns such as dermatosis papulosa nigra, stucco keratosis, inverted follicular keratosis, large cell acanthoma, lichenoid keratosis, and flat seborrheic keratosis.[4,5]

Differential diagnosis with malignant lesions is mandatory. A pigmented lesion should always be excised in order to exclude its malignant nature. Meticulous clinical evaluation following several well-established criteria can be helpful in determining its potential malignant nature. Moreover, dermatoscopic examination, when used by well-trained and experienced physicians, is a valuable adjunct to clinical examination, even if morphological overlap between benign and malignant melanocytic lesions does not always allow a certain clinical diagnosis.

In our case, the benign nature of the lesion was strongly suspected and the main reason for surgical resection was for aesthetic reasons.

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AUTHOR CONTRIBUTIONS

Andrea Bolzoni Villaret, conception and design, critical revision, final approval; **Brunella Gily,** acquisition and interpretation of data; **Alfred Aga,** critical revision.

DISCLOSURES

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