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What is your diagnosis?

Erythematous plaques on the auditory canal

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1. Case description

A 27-year-old woman presented with a plaque on her left auricle to outpatient clinic. The lesion has been present for two years and gradually enlarged in size. On examination, there were two erythematous plaques with yellow crusts approximately 2 and 3 cm in diameter on the fossa triangularis and cavum conchae respectively (Fig. 1). There was no lesion on the external auditory canal with endoscopic examination.

Laboratory findings were within normal limits.

An incisional biopsy was performed. Histopathologic examination confirmed the diagnosis (Fig. 2).

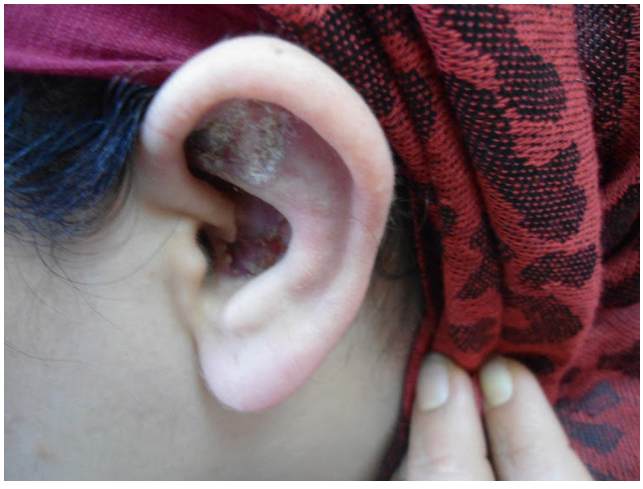

Fig. 1. Erythematous plaques on the fossa triangularis and cavum conchae of the left auricle.

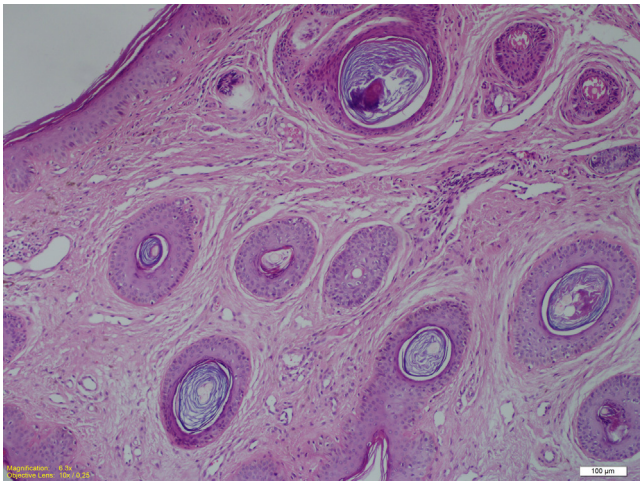

Fig. 2. Numerous keratin-filled horn cysts throughout the dermis (H&E, 100×).

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2. Answer

Histopathologic examination revealed multiple horn cysts throughout the dermis with mild epidermal hyperkeratosis and diagnosed as trichoadenoma. Histopathologically, trichoadenoma is characterized by numerous infundibulo-cystic structures and solid aggregates of epithelial cells throughout the dermis. With histopathological analysis, the tumor typically has multiple keratinous cysts lined with stratified squamous epithelium as in our patient [1].

Trichoadenoma is a rare, slowly growing solitary, and nodular lesion. The face and buttocks are the predilection sites [2]. Clinically, this lesion can resemble to basal cell carcinoma, epidermal cyst, milia, nevus sebaceous or sebaceous cell carcinoma [2–5]. However, we suspected mainly trichoadenoma rather than discoid lupus erythematosus or lichen planus in our case due to erythematous-violaceus plaque.

Trichoadenoma localized in the auricle can rarely be seen and differential diagnosis is important to prevent mistreatment.

Disclosure of interest

The authors declare that they have no competing interest.

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