

LESÕES HIPOCRÔMICAS LINEARES OU ESTRELADAS DE ASPECTO CICATRICIAL NA FASE E PESCOÇO: **Você conhece esse padrão?**

ID – Investigação em Dermatologia

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Identificação:



55 anos



Rio de Janeiro



sem comorbidades

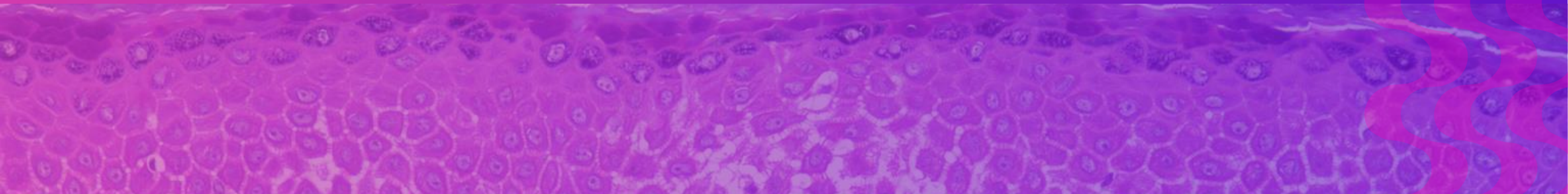
Queixa Principal:

“Tenho lesões brancas no rosto e pescoço”

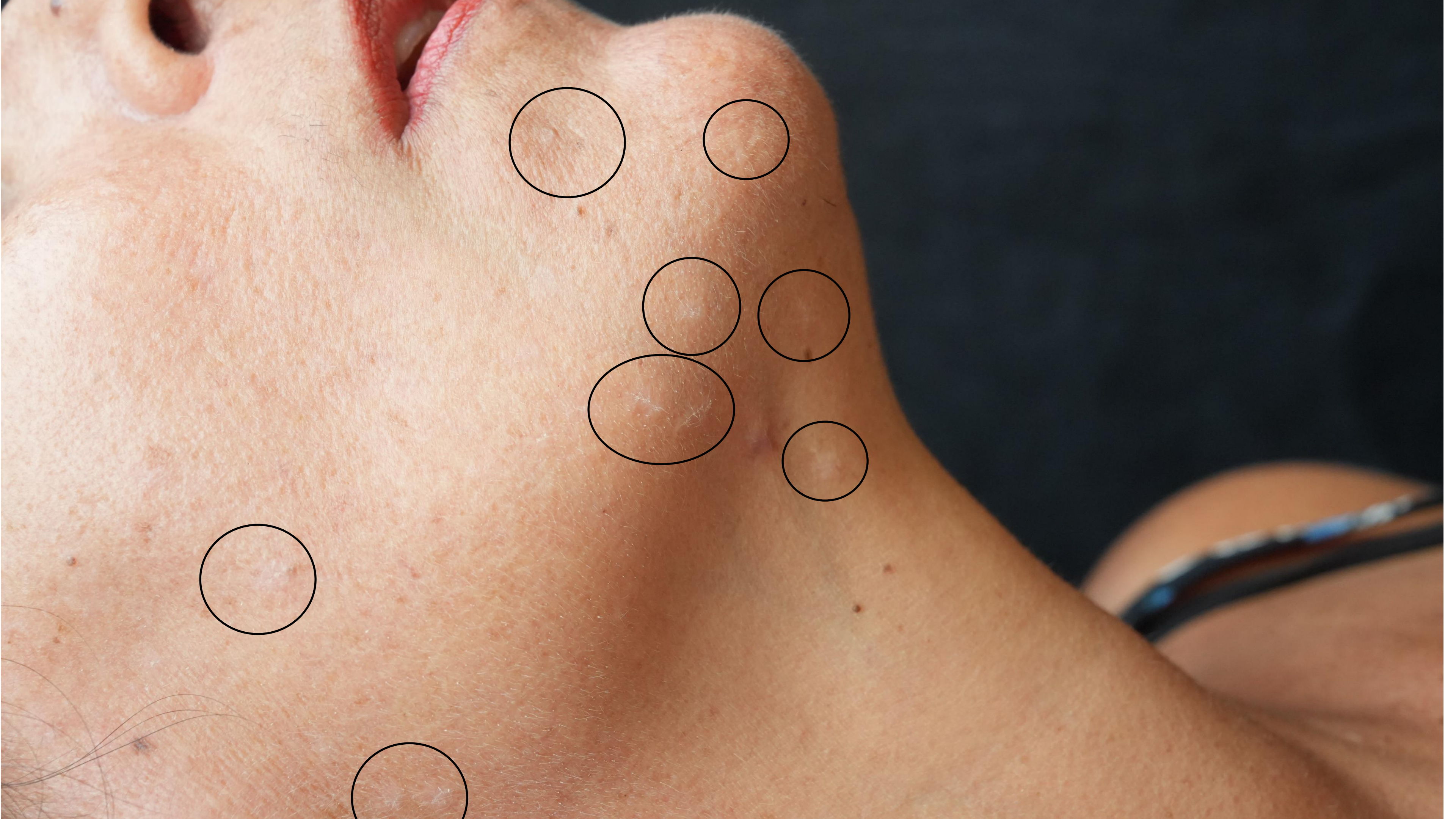
História da doença atual:

Início há 7 anos de lesões assintomáticas lineares, estreladas ou arredondadas, hipocrômicas, algo ceratósicas, por vezes palpáveis acometendo face, pescoço e tórax superior.

Biópsias prévias inconclusivas.



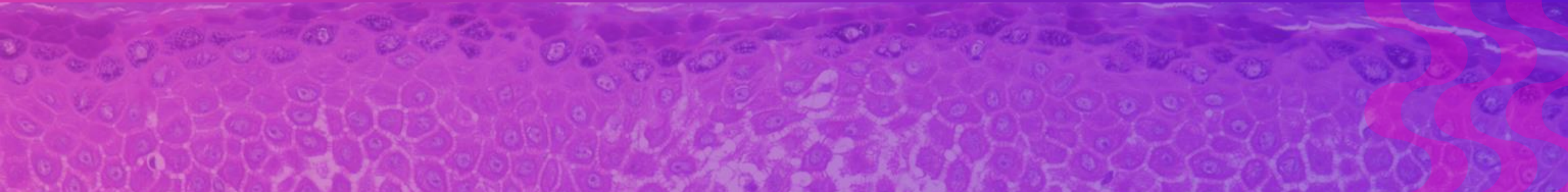


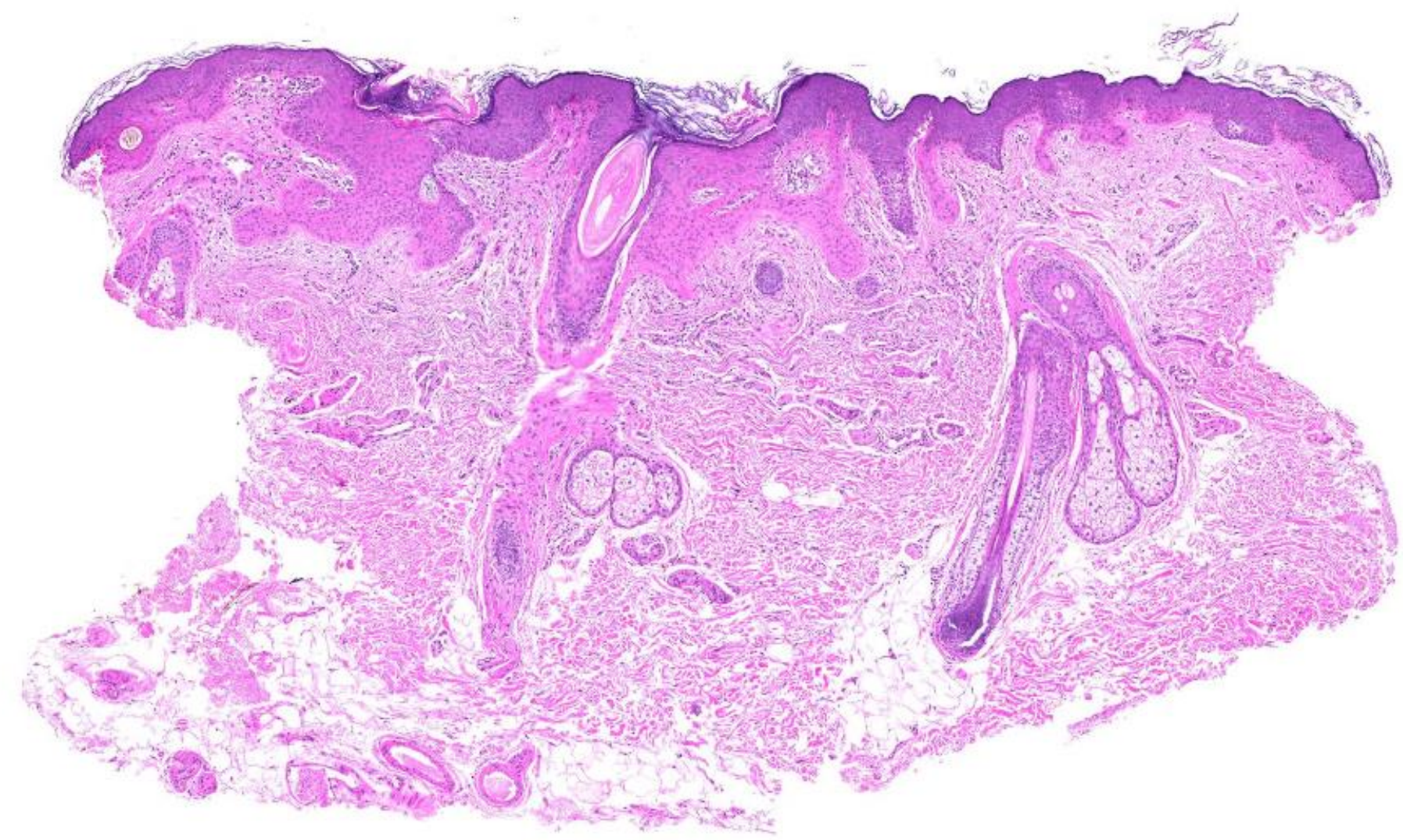
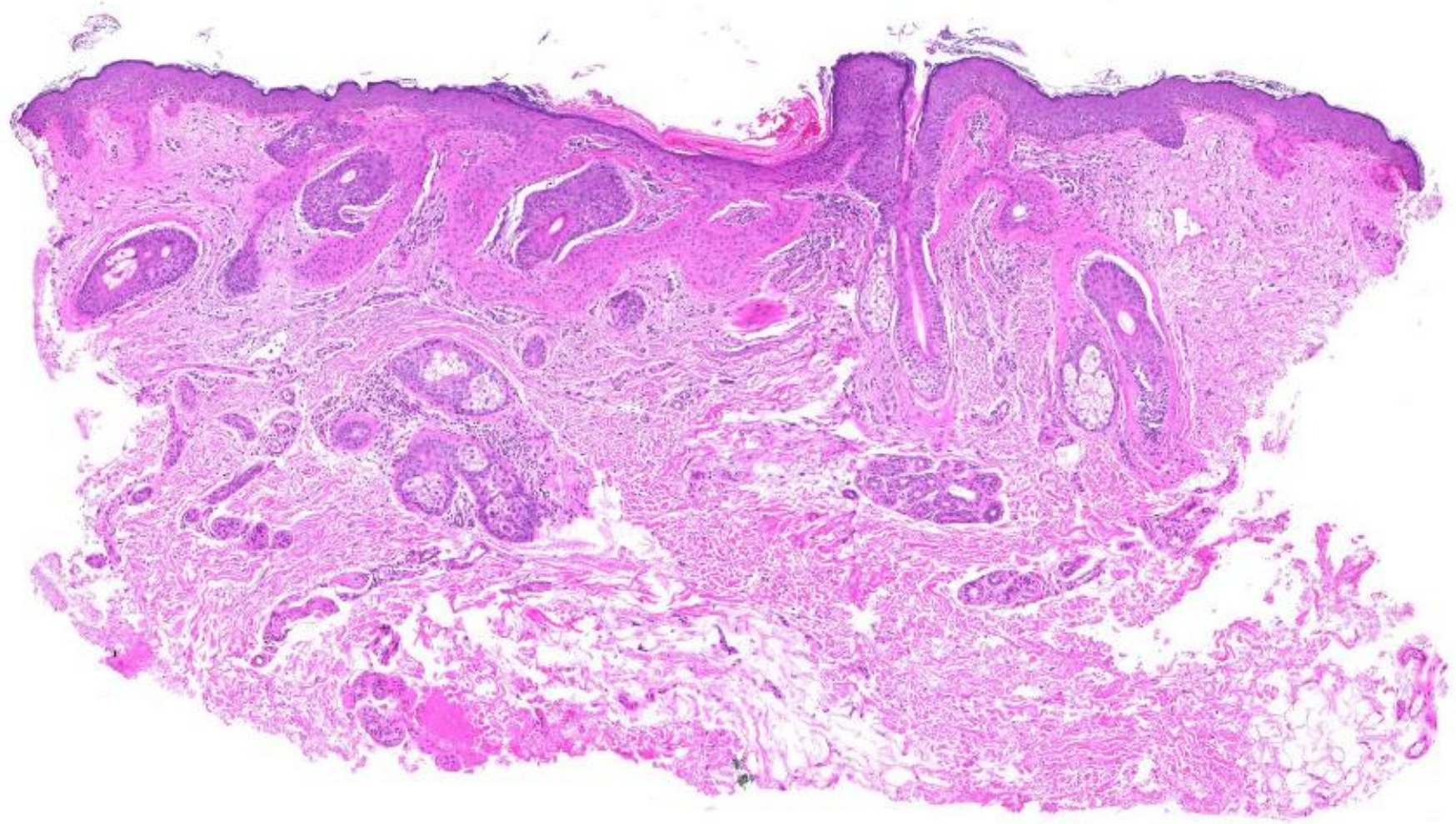


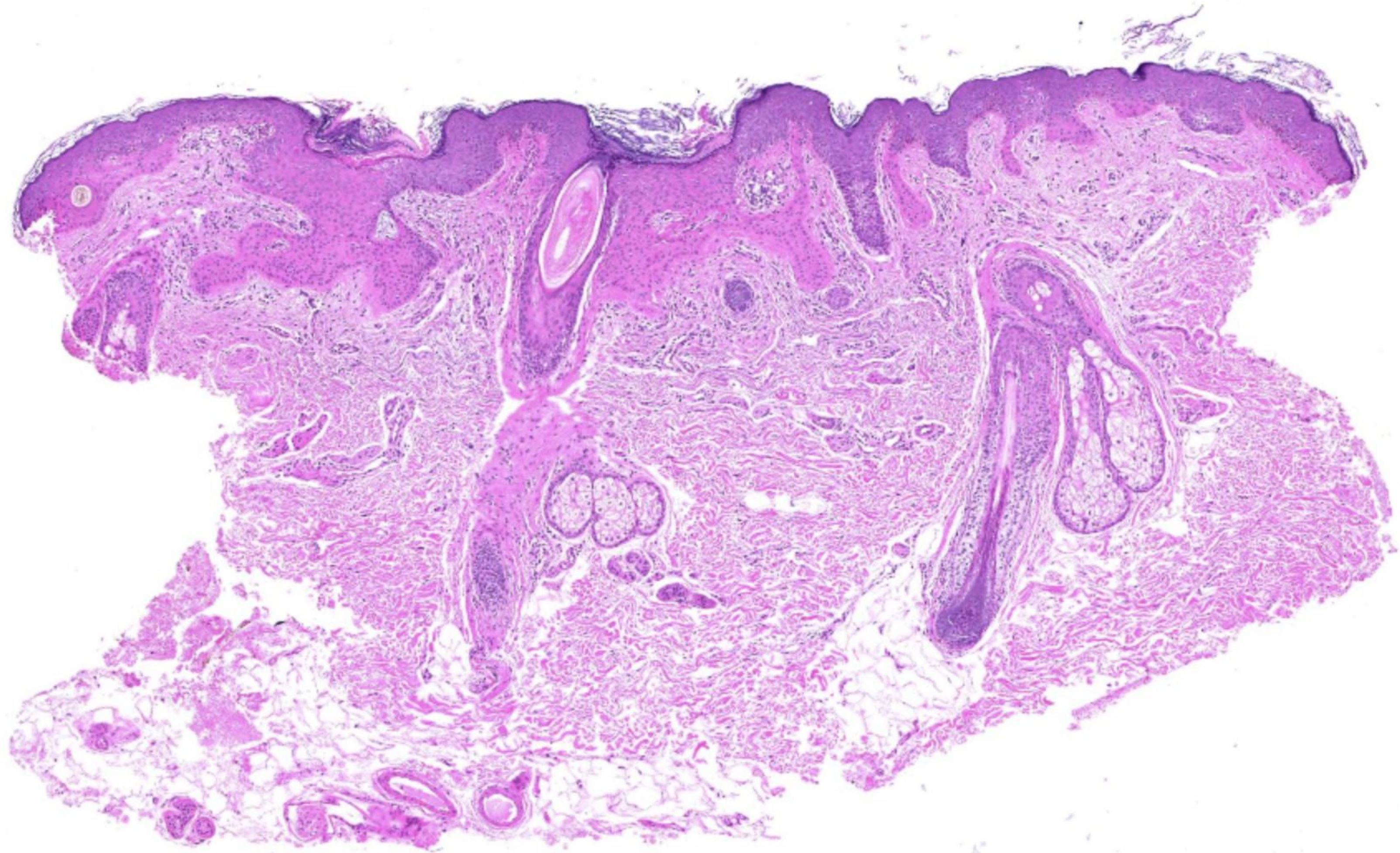


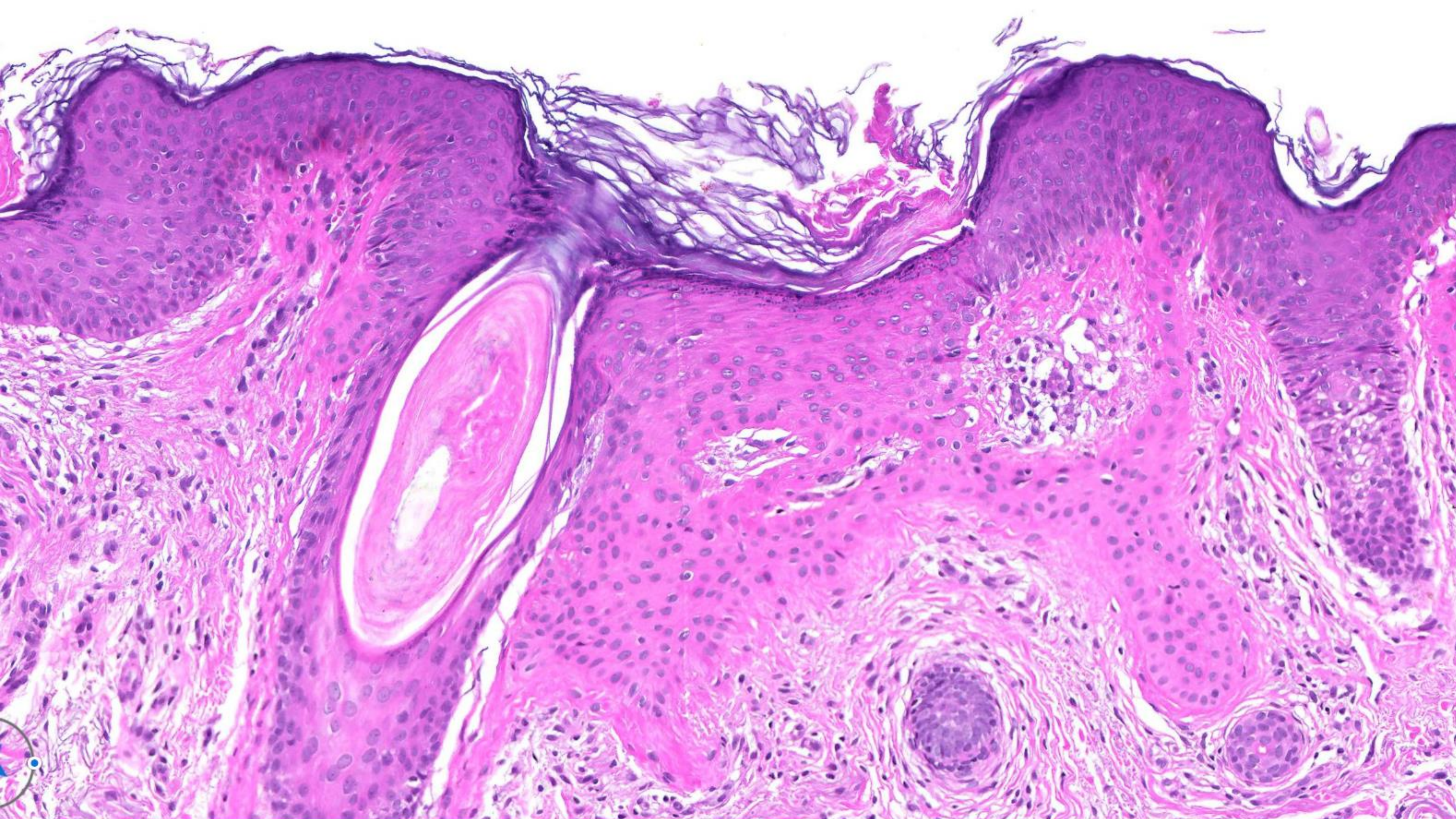


Biopsia incisional por punch.



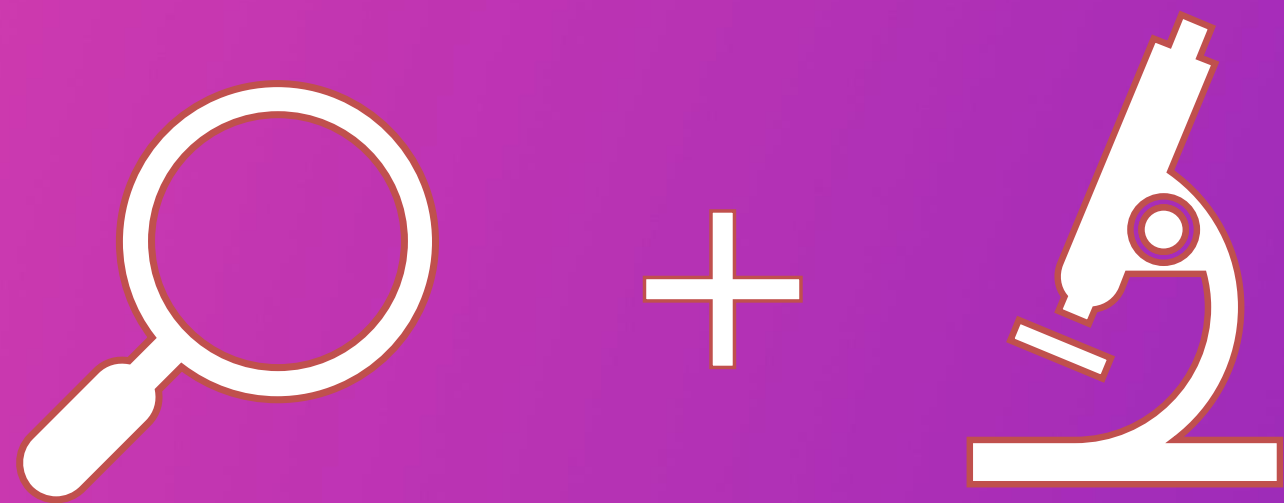








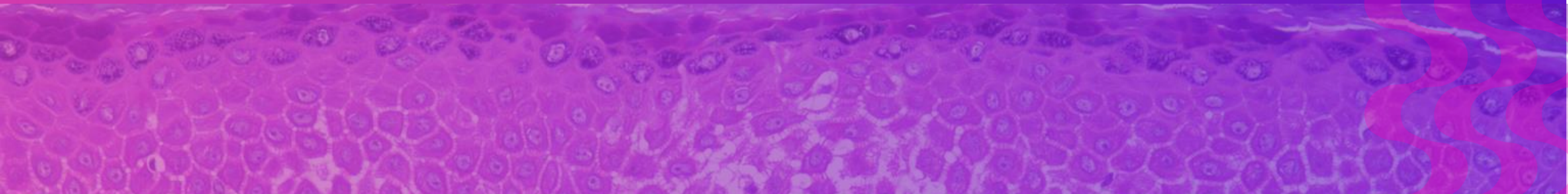


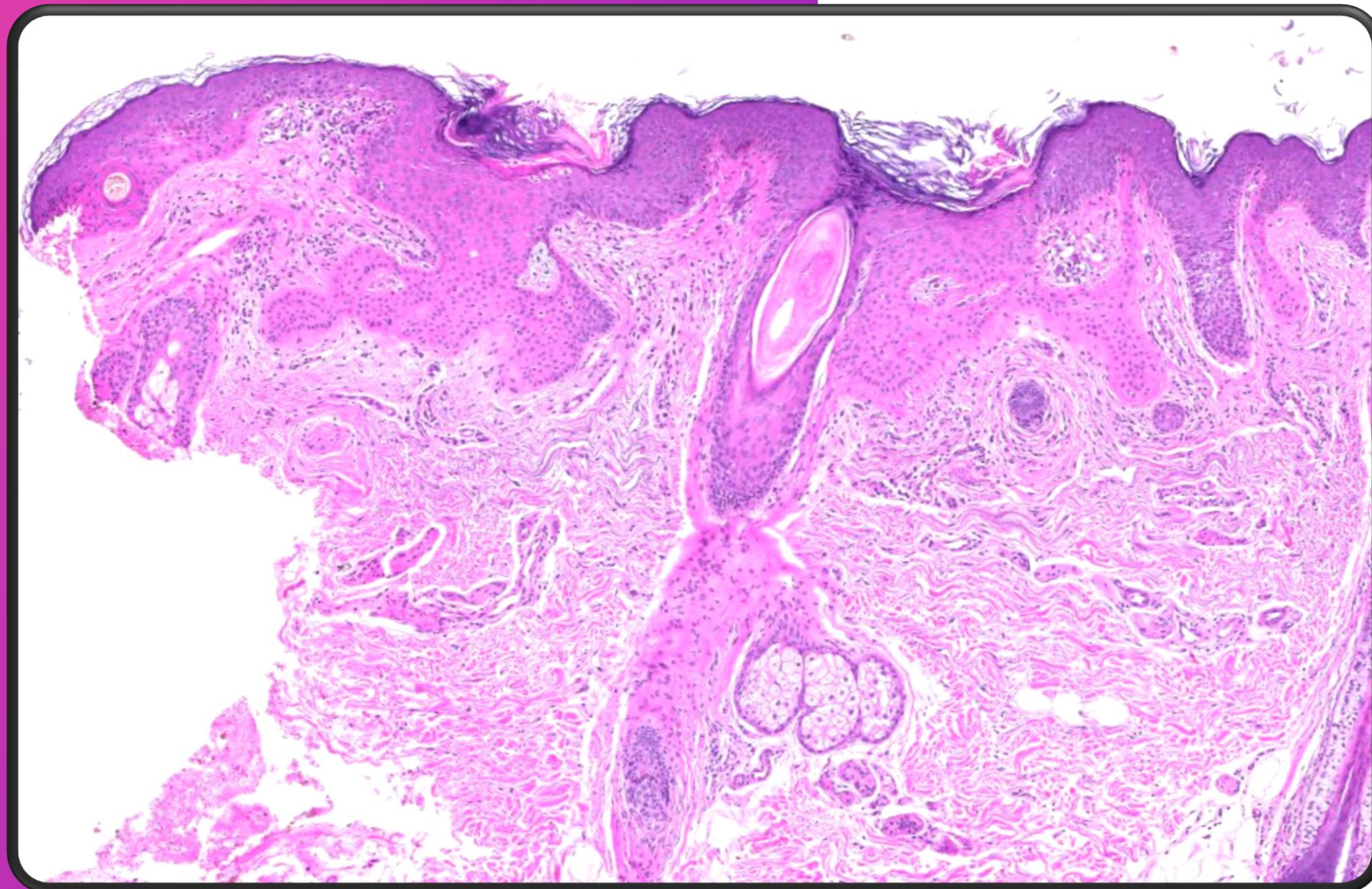


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**Tumor do
infundíbulo
folicular.**



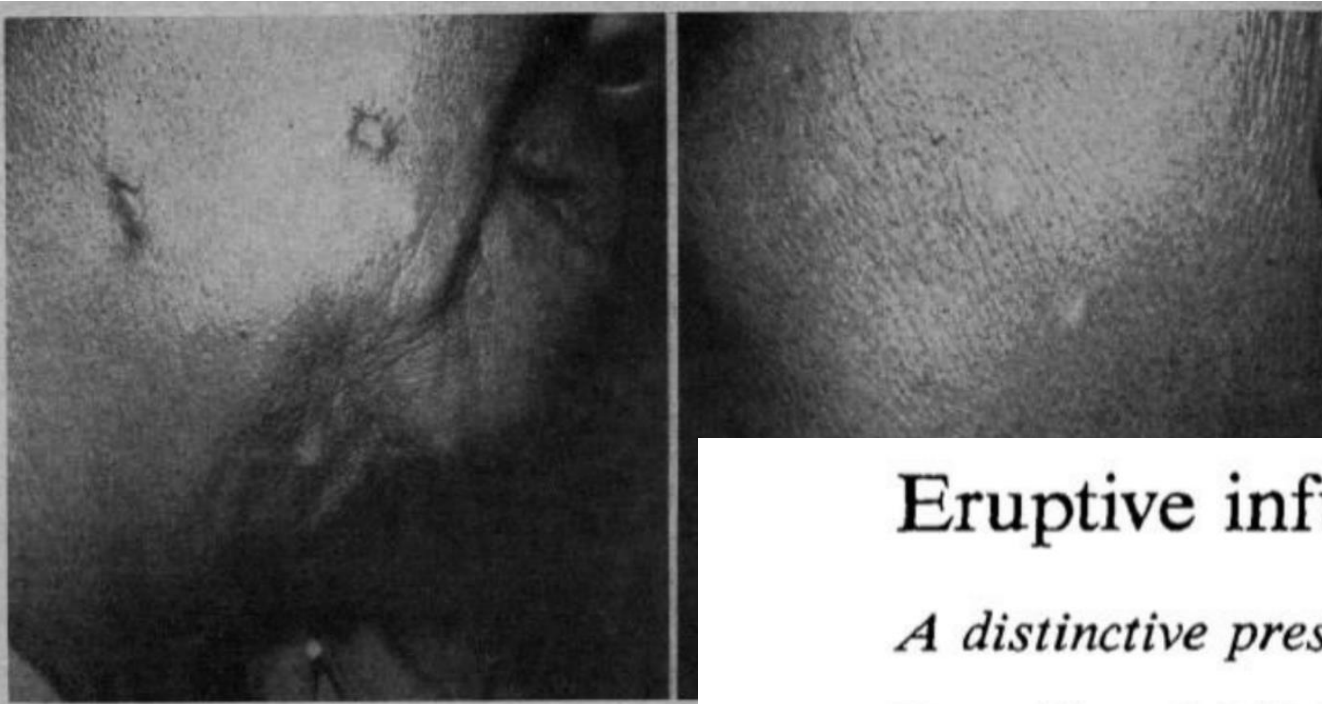


Tumor do infundíbulo folicular

- Foi descrito em 1961 por Mehregan e Butler;
- É um tumor de anexo com diferenciação para o istmo folicular.
- Incidência alta, maior que a reportada.

A Tumor of Follicular Infundibulum

Report of a Case



Eruptive infundibulomas

A distinctive presentation of the tumor of follicular infundibulum

Steven Kossard, MB, PhD, FACD, A. G. Finley, MB,BS, FACD,
Kenneth Poyzer, MB,BS, FACD, and Emery Kocsard, MD, FACD
Darlinghurst, New South Wales, Australia

AMIR H. MEHREGAN, M.D.
AND
JOHN D. BUTLER, M.D.
DETROIT

Arch Dermatol. 1961



J Am Acad Dermatol 1989 ; 21 : 361-366

CASE REPORT

Year : 2014 | Volume : 80 | Issue : 2 | Page : 141-144

Tumor of follicular infundibulum: An unsuspected cause of macular hypopigmentation

Asha Kubba¹, Meenakshi Batrani¹, Atul Taneja², Vivek Jain³

¹ Delhi Dermopath Laboratory, New Delhi, India

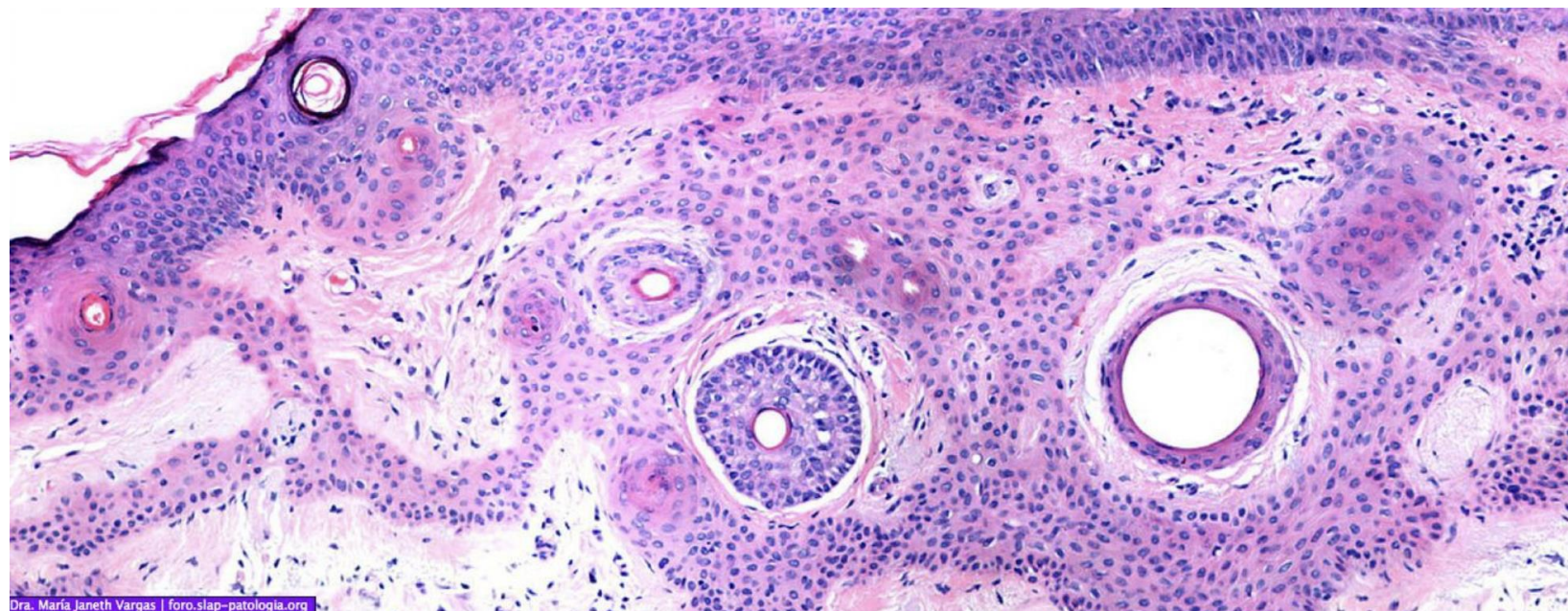
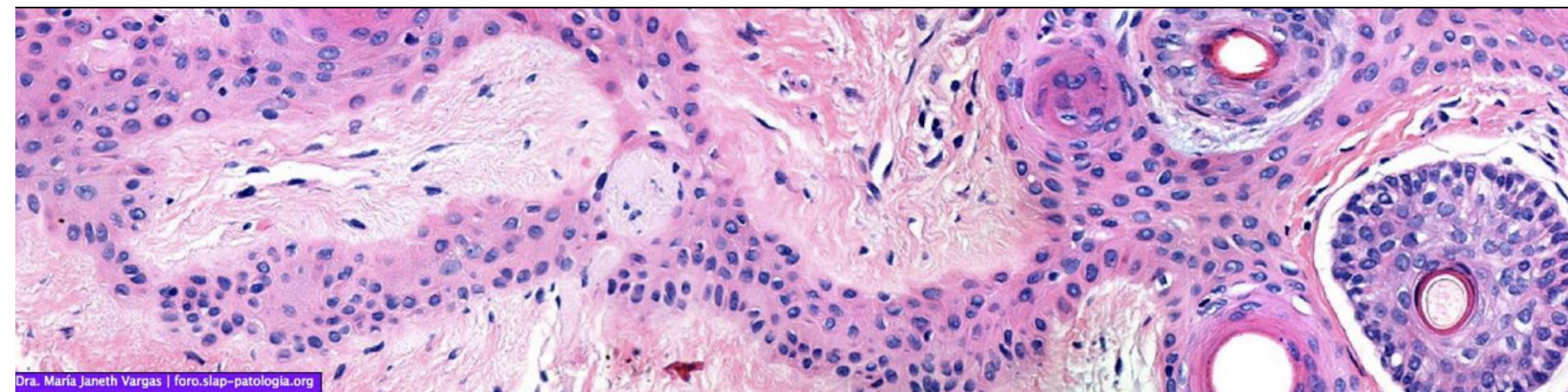
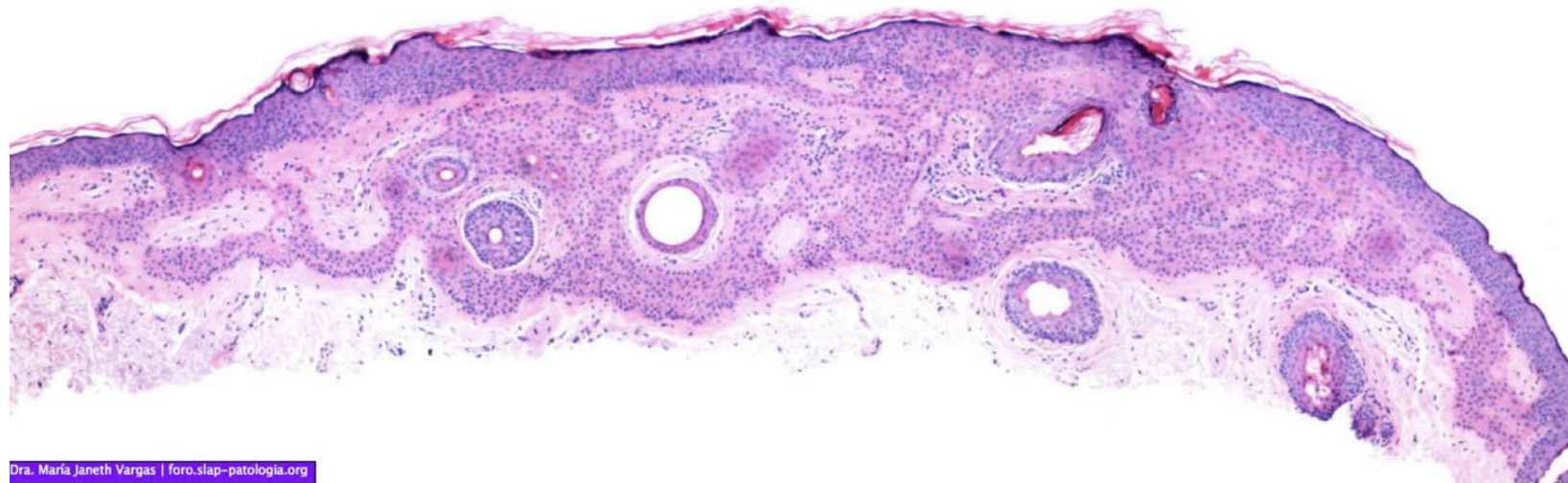
² Apollo Gleneagles Hospitals, Kolkata, India

APRESENTAÇÃO CLÍNICA:



- Lesões polimórficas:
 - Mácula;
 - Pápulas;
 - Formatos lineares, estreladas ou cicatriciais;
 - Hipopigmentadas ou levemente eritematosas.

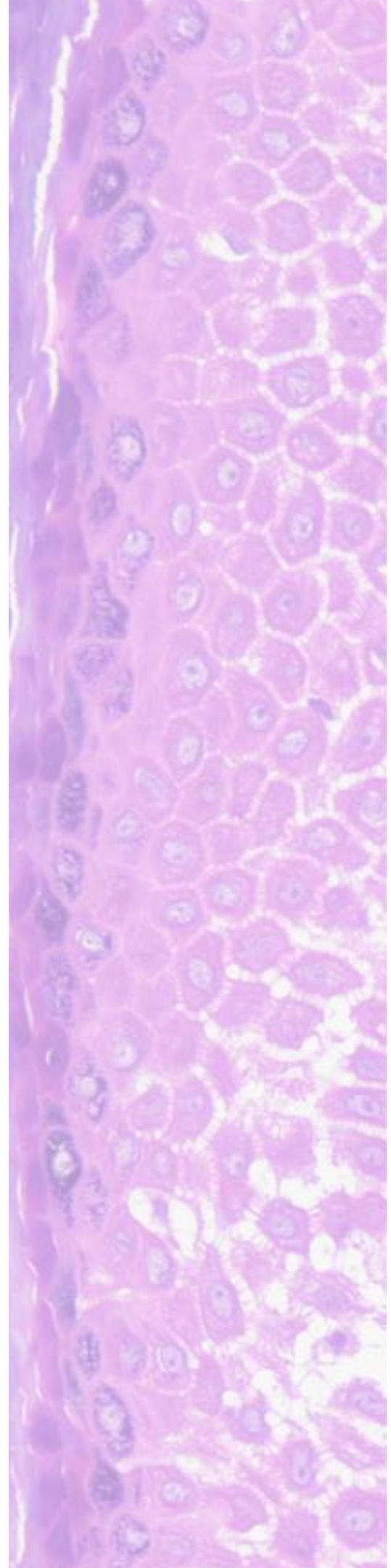
HISTOLOGIA:



- Neoplasia epitelial de aspecto fenestrado em disposição subepidérmica orientada paralelamente à superfície.

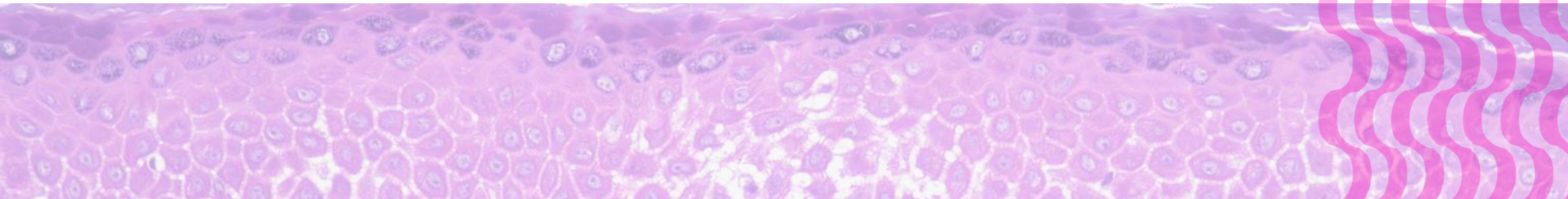
- Células epiteliais, monomórficas, de núcleo pequeno e citoplasma eosinofílico.

- A neoplasia conecta-se à base da epiderme



CASUÍSTICA

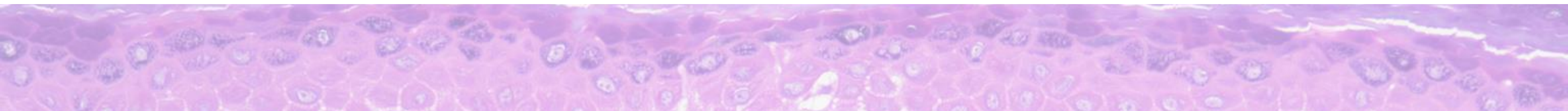
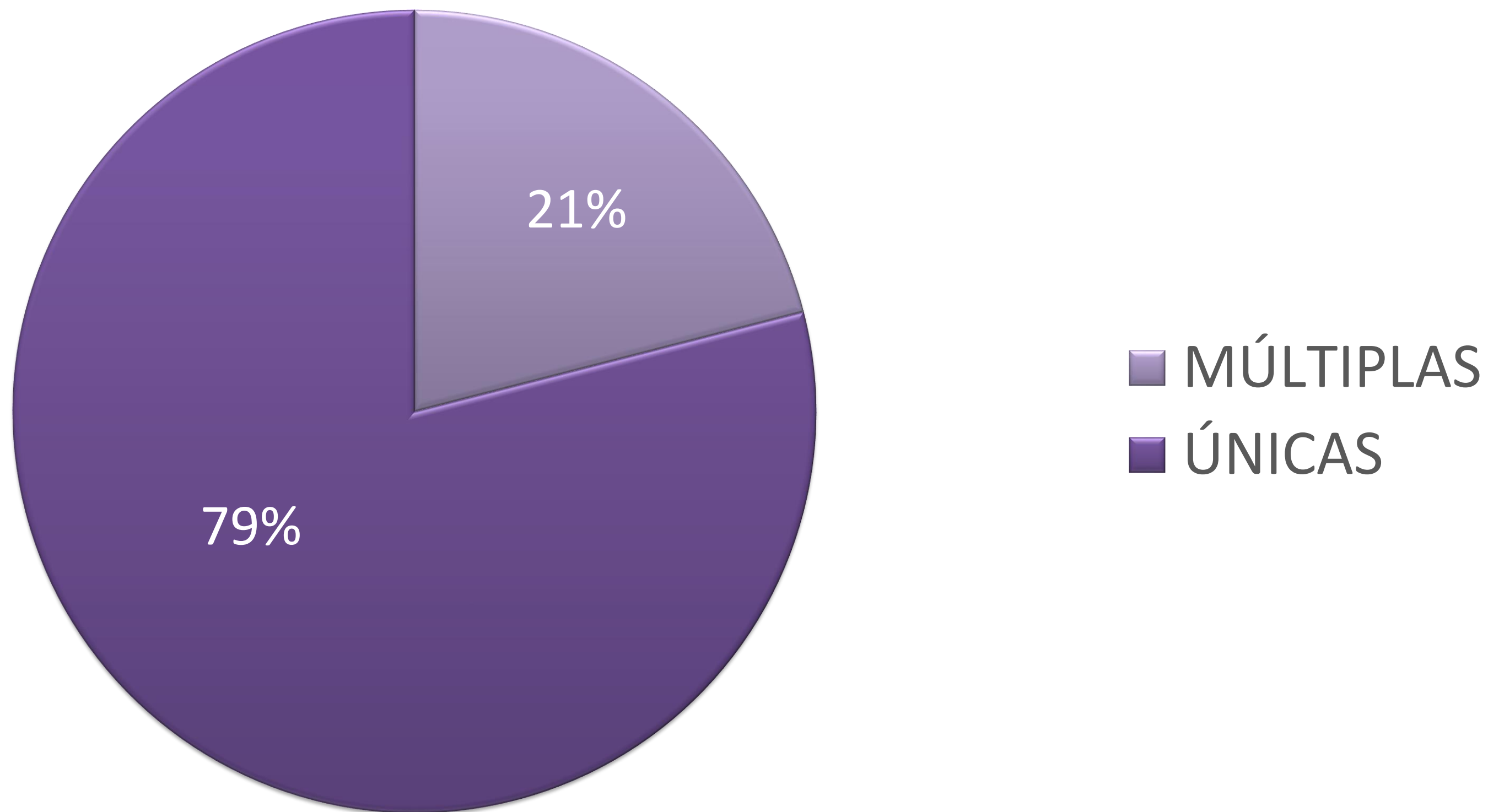
- 1994 –2015 → 639.224 amostras
- 99 com laudo do TIF
- TIF → 0,015% de todos os exames realizados.
- 99 amostras, 4 foram excluídas por indisponibilidade de dados.
- TOTAL= 95 amostras (90 Pacientes)



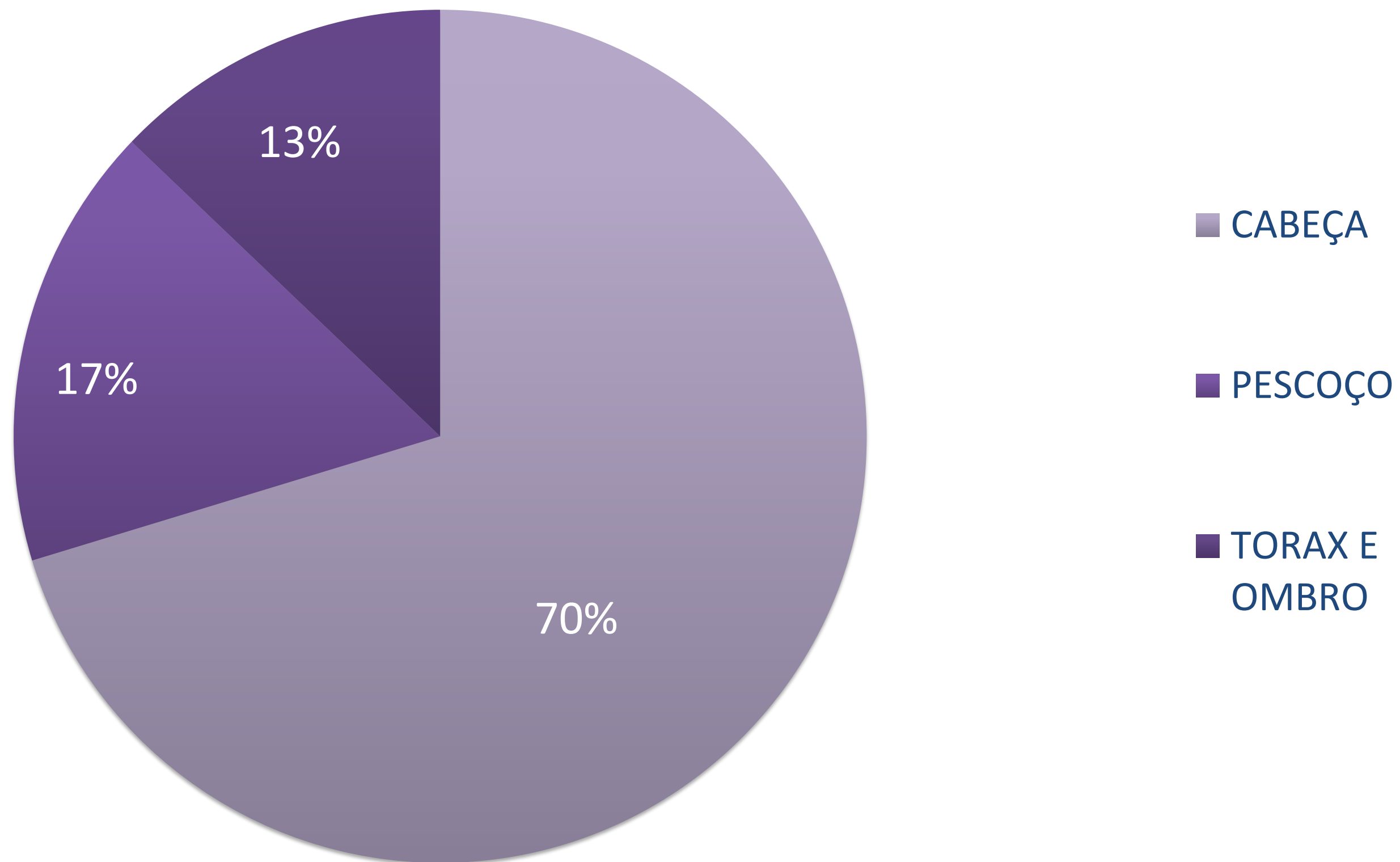
IDADE



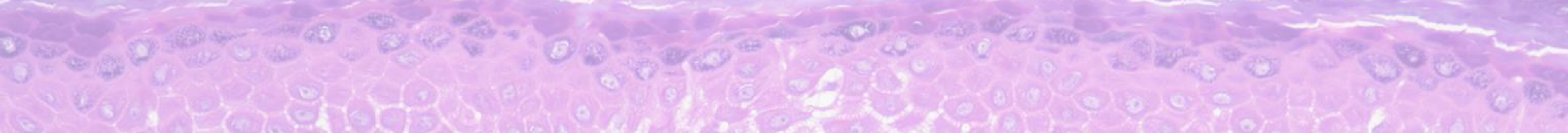
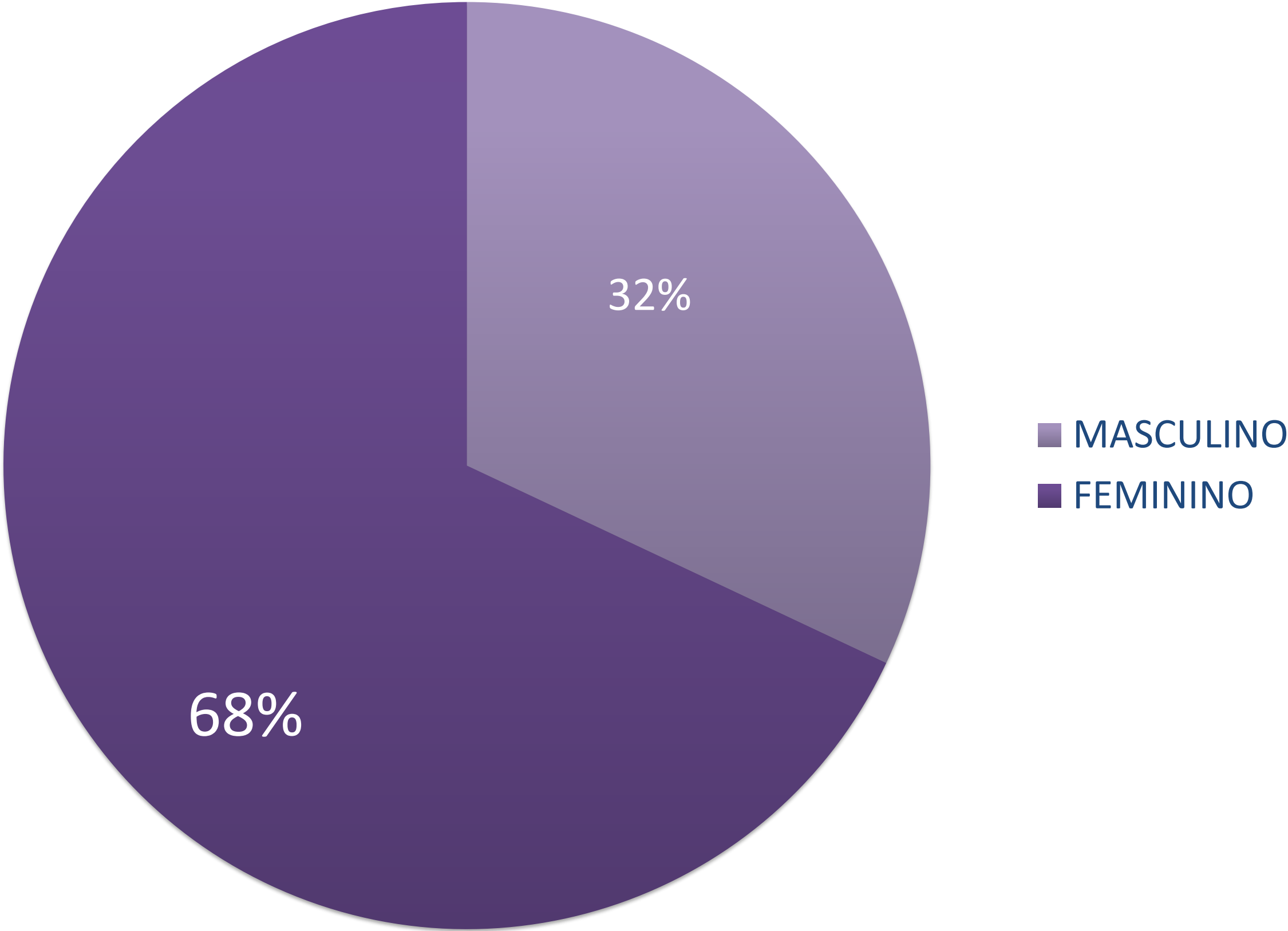
LESÕES:



LOCALIZAÇÃO:

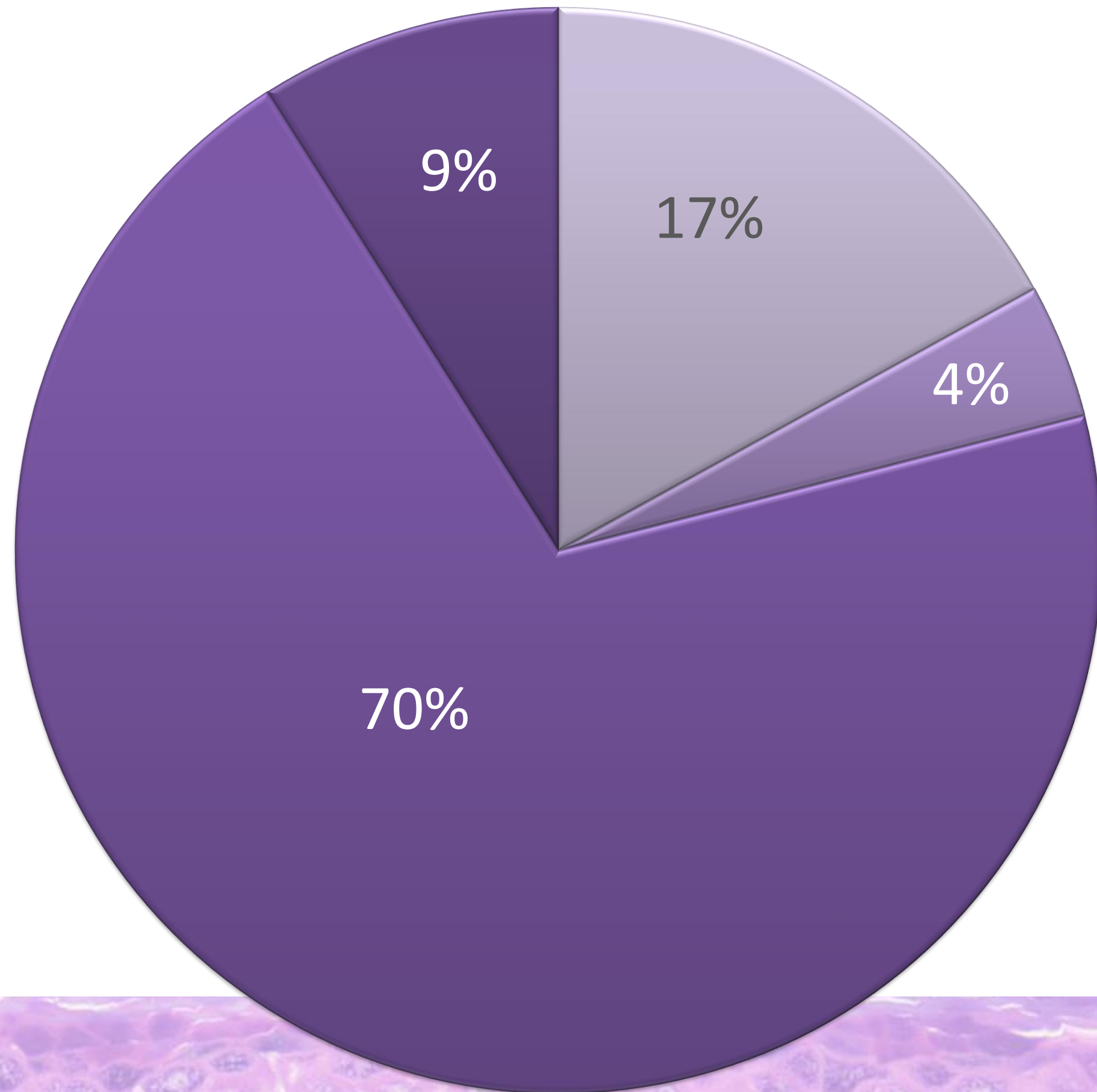


DISTRIBUÇÃO POR SEXO:



HIPÓTESES DIAGNÓSTICAS:

- LESÕES INFLAMATÓRIAS
HIPOCRÔMICAS
- LESÕES INFLAMATÓRIAS
ERITEMATOSAS
- TUMORES
- NÃO INFORMADOS



MOTIVOS DA APRESENTAÇÃO:

- Apresentar um caso de tumor do infundíbulo folicular múltiplo.
- Chamar a atenção para um padrão clínico peculiar característico desta condição e pouco conhecido.



REFERÊNCIAS:

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- Abbas O1, Mahalingam M. **Tumor of the follicular infundibulum: an epidermal reaction pattern?** Am J Dermatopathol. 2009 Oct;31(7):626-33.
- L. Requena, O. Sangüeza, Cutaneous Adnexal Neoplasms, DOI 10.1007/978-3-319-45704-8_54, Tumor of the Follicular Infundibulum
- Baquerizo Nole KL1, Lopez-Garcia DR, Teague DJ, Al Sayyah A, Mansoori P, Salim Al Alshehri H, Sangüeza OP. **Is Tumor of Follicular Infundibulum a Reaction to Dermal Scarring?** Am J Dermatopathol. 2015;37(7):535-8.
- Alomari A1, Subtil A, Owen CE, McNiff JM. **Solitary and multiple tumors of follicular infundibulum: a review of 168 cases with emphasis on staining patterns and clinical variants.** J Cutan Pathol. 2013 Jun;40(6):532-7.



OBRIGADA!

