

Linear Unilateral Basaloid Follicular Hamartoma

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Newborn male with irrelevant family history and no prenatal interurrences. At physical examination, several hypopigmented papules and plaques were observed following Blaschko's lines distributed over the upper right limb (Fig. 1). Dermatology collaboration was requested, and the diagnostic hypothesis of epidermal nevus was proposed. A preliminary investigation was conducted, including analytic assessment, transfontanelle ultrasound, and electroencephalogram, and all were found to be normal. Ophthalmology collaboration was also requested, and no findings were detected. The skin biopsy revealed a basaloid follicular hamartoma (Fig. 2). Currently, at 9 months old, the child shows adequate development and a stable dermatosis (Fig. 3).

Basaloid follicular hamartoma is a benign, rare follicular malformation characterized by the proliferation of basaloid epithelial cords that emerge radially from the hair follicles, partially or totally replacing the follicular architecture.¹ Clinically, it can be very heterogeneous and several presentations have been described: familial,

congenital, or acquired, generalized type associated with systemic diseases, a localized linear and unilateral type, and a solitary plaque or nodule type.^{2,3} The linear unilateral form presented in this case may be present from birth or arise during childhood.^{1,2} There is usually no systemic involvement and the distribution of lesions seems to be associated with Blaschko's lines.⁴ Changes in protein patched homolog (*PTCH*) gene signaling pathways seem to contribute to the pathogenesis of basaloid follicular hamartoma and this mutation is also expressed in basal cell carcinoma.^{3,5} As such, basaloid follicular hamartoma may be complicated by the development of basal cell carcinoma, and so it is important to ensure the long-term follow-up of these patients, paying attention to any new growths or changes in the previous lesions.³ The histopathological diagnosis is fundamental, as histology is characteristic of this entity. The clinical differential diagnosis of linear unilateral basaloid follicular hamartoma includes another linear dermatosis such as epidermal nevus.^{1,3}



Figure 1. Newborn physical examination. Hypopigmented papules, confluent in plaques and distributed along Blaschko's lines in the upper right limb.

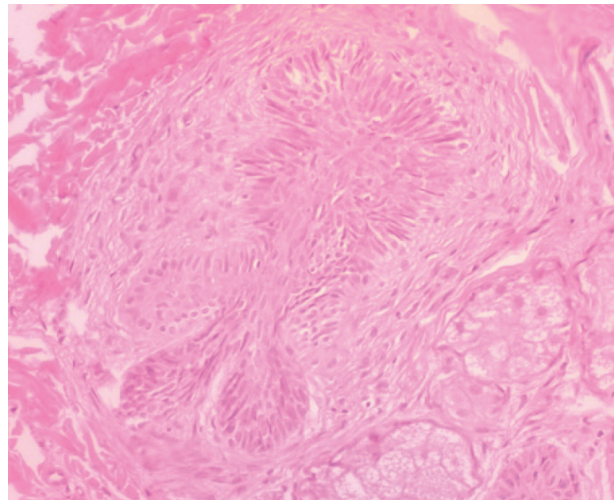


Figure 2. Histological appearance of basaloid follicular hamartoma. Follicle-centered lesion composed of anastomosing strands and branching cords of basaloid cells surrounded by a fibrous stroma.

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Figure 3. Physical examination at 9 months old. Linear stable dermatosis along the Blaschko's lines.

Keywords: Carcinoma, Basal Cell; Hair Follicle/pathology; Hamartoma/diagnosis; Infant, Newborn

WHAT THIS REPORT ADDS

- Basaloid follicular hamartoma is a rare but benign follicular malformation.
- The lesion distribution seems to be associated with the Blaschko's lines.
- The histopathological diagnosis is fundamental as histology is characteristic of this entity.
- We emphasize the importance of the long-term follow-up of these patients, paying attention to changes in the lesions to detect possible complications.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

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Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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