

Moluscum contagiosum on infundibular cyst. No more than a curiosity.

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Abstract:

The infundibular cyst is a skin lesion typically located on hairy areas that is extremely common. In fact, it is part of the daily routine of any pathology laboratory. Although both the dermatologist, the surgeon and the pathologist are sufficiently familiar with it and guide each case correctly, sometimes there are histological peculiarities that justify the histological study of the lesion. The coincidence of a molluscum contagiosum, a highly contagious entity in the context of an infundibular cyst, implies taking a series of precautions that would not be implemented based solely on clinical criteria.

Key words: Infundibular Cyst; Molluscum contagiosum; Skin; Mixed cutaneous lesion; Incidental histologic features

Introduction

The infundibular cyst is a skin lesion typically located on hairy areas that is extremely common. In fact, it is part of the daily routine of any pathology laboratory. Although both the dermatologist, the surgeon and the pathologist are sufficiently familiar with it and guide each case correctly, sometimes there are histological peculiarities that justify the histological study of the lesion. The coincidence of a molluscum contagiosum, a highly contagious entity in the context of an infundibular cyst, implies taking a series of precautions that would not be implemented based solely on clinical criteria.

Case report

A 22-year-old female patient who came to the clinic due to the appearance, at the level of the right arm, of a rapidly growing nummular lesion with no associated symptoms. The lesion had a soft consistency and was not umbilicated on the surface. Surgical excision was performed with the clinical diagnosis of epidermoid cyst. The histological study showed the presence, at the dermal level, of a cystic lesion lined by flat stratified epithelium without atypia, with the presence of a stratum granulosum and intense scaling at the luminal level. Multiple luminal keratin scales were combined with eosinophilic nodular formations with a ground glass appearance. Interpreting its presence as that of molluscum bodies, attention was paid to the complete lesion silhouette, identifying the pan-epithelial focal occupation by the same structures, allowing the diagnosis of molluscum contagiosum on infundibular cyst (Fig 1-5). There was only one lesion.

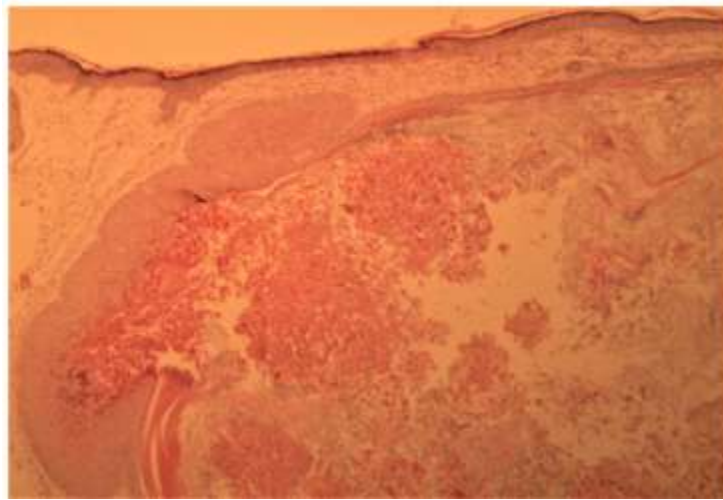


Figure 1: *Moluscum contagiosum on infundibular cyst. There can be seen multiple molluscum bodies are seen at the epithelial and luminal levels. HE 40X.*

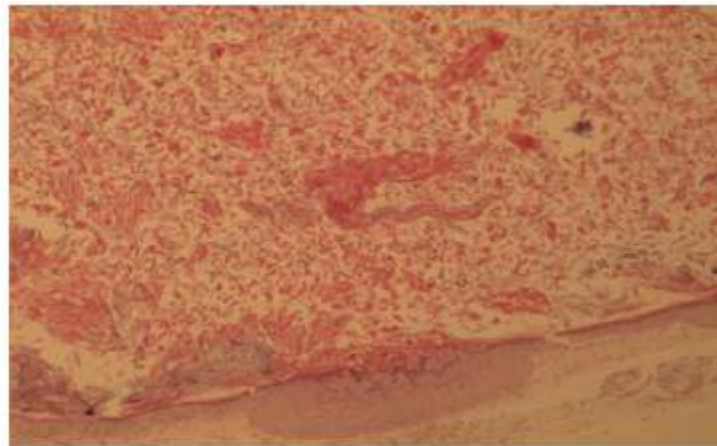


Figure 2: *Moluscum contagiosum on infundibular cyst. Multiple molluscum bodies are born from the epithelial line and are mixed with keratin scales at the luminal level. HE 100X.*

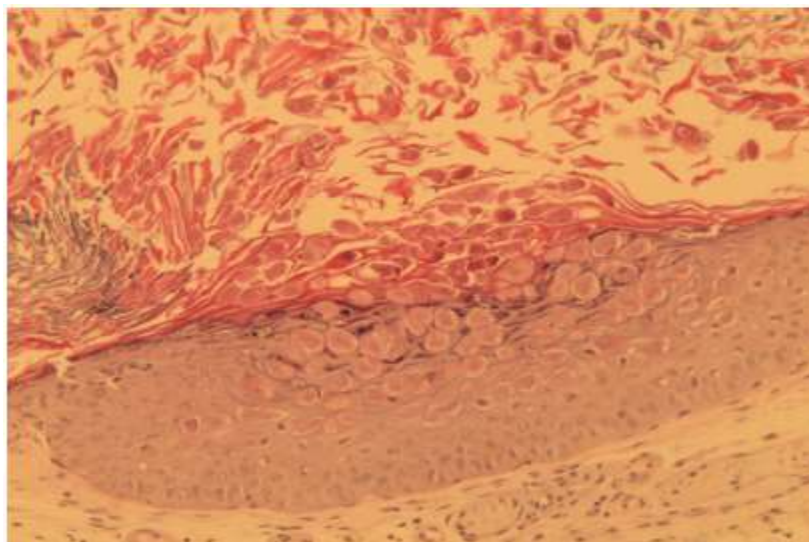


Figure 3: *Moluscum contagiosum on infundibular cyst. There can be seen multiple molluscum bodies are seen at the epithelial and luminal levels. Detail. HE 200X.*

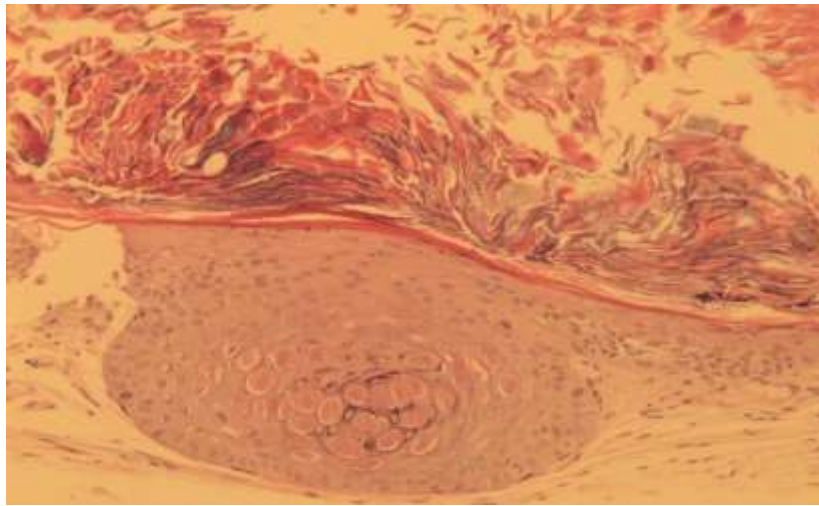


Figure 4: *Moluscum contagiosum on infundibular cyst. There can be seen multiple molluscum bodies are seen at the epithelial and luminal levels. Detail. HE 200X.*

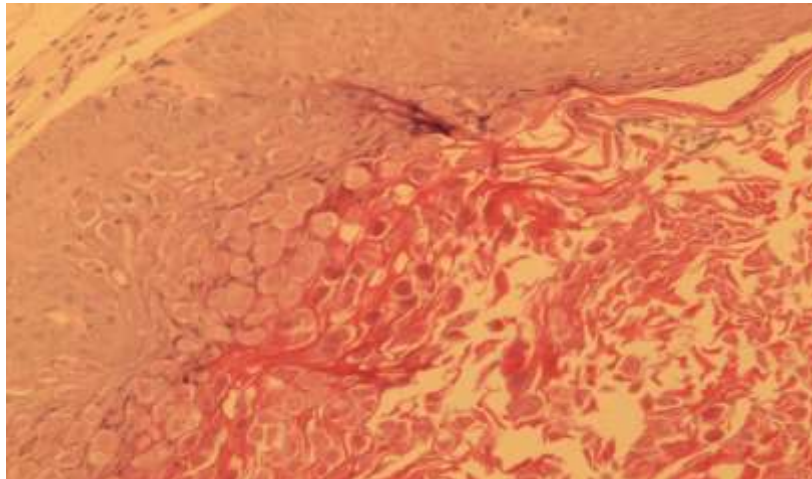


Figure 5: *Moluscum contagiosum on infundibular cyst. There can be seen multiple molluscum bodies are seen at the epithelial and luminal levels. Detail. HE 400X.*

Discussion

The peculiar association of these two entities with an unequal incidence has been described in the literature. Most of the articles highlight the curiosity of the picture and provide characteristic images that even integrate publications with the format of “what is your diagnosis?” [1-3].

With this case we not only expand the international series but also reflect on various issues:

- ✚ It is essential to perform a histological study of any type of skin lesion, even those that are considered trivial.
- ✚ Experience has taught us that other types of lesions can coexist within an infundibular cyst.
- ✚ The coexisting lesion in our case is infectious and precautions should be taken to avoid contagion.
- ✚ Some works wonder if the infundibular cyst could be the consequence of the follicular occlusion of the nodular lesion caused by the infection. In our case, the histological characteristics indicate that it is a superinfection of a pre-existing lesion [4].

Most of the cases that describe this lesional association allude to a location in the head and neck, while our case was located in the arm.

There are studies that even introduce the precaution of not falling into clinical diagnostic confusion [5], although these are usually minor and do not have important prognostic implications, as in our case, which could well have been nothing more than an anecdote with a careless microscopic study. It is, therefore, one more anecdote of which dermatopathology is a rich discipline. We hope that the histological images are to the liking of the scientific community.

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