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**뒷머리선 악성 증식성
모낭상피종양에 대한 천공지 기반
섬피판술을 이용한 수술적 치험례**

(Surgical treatment of malignant proliferating trichilemmal tumor on posterior hairline using a perforator-based island flap : A case misdiagnosed as eccrine poroma)



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Purpose: Proliferating trichilemmal tumor (PTT) is a rare skin tumor derived from external root sheath of hair follicle. Although only small number of its malignant conversion is reported, it has been noted to have a potential for metastasis and recurrence. For this reason, accurate diagnosis and complete excision with appropriate reconstruction are essential. We present a case of malignant PTT lesion reconstructed using a perforator-based island flap (PBIF).

Methods: A 64-year-old female patient with a recurrent mass on posterior hairline was referred to our hospital. The 1 x 1cm sized exophytic mass emerged 2 years ago, and the patient underwent 3 times of excision in previous clinics as it always recurred. The results of biopsy that the patient brought was eccrine poroma which made us to perform simple excision for surgical treatment. However, the result of biopsy revealed the mass as malignant PTT.

Results: There remained remnant cells on the base of lesion microscopically, but no distant metastasis was observed through additional work-up. Wide excision with 1cm margin of free tissue and full thickness including fascia was performed. The defect was reconstructed with a PBIF. After Doppler tracing for a perforator, the island flap was elevated from neck under meticulous dissection not to injure great auricular nerve. The flap was rotated to the defect, and its donor site could be hidden on neck wrinkles.

Conclusion: The reconstruction was successful without any complication, and no recurrence was observed during the follow-up period. Correct diagnosis and appropriate surgical approach enable successful outcome and favorable prognosis.



Fig. 1. A 64-year-old female patient with a recurrent mass on posterior hairline. (Left) A 1 x 1 x 1.5cm size mass removed from the lesion. (Right) The lesion with incomplete excision of remnant malignant proliferating trichilemmal tumor.



Fig. 2. Intraoperative photographs. (Left) A defect after complete excision and flap design. (Right) Flap coverage using a perforator-based island flap.



Fig. 3. Postoperative photographs. (Left) Picture on postoperative 2 weeks. (Right) Picture on postoperative 3 months.