Conflicts of Interest
The authors declare no conflicts of interest.

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Hair Follicle Nevus: A Case Report and Review of the Literature

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To the Editor:

The hair follicle nevus is a very rare hamartoma that is usually congenital or appears in the first years of life, and presents as a papule, plaque, or nodule on the face.[1-6]

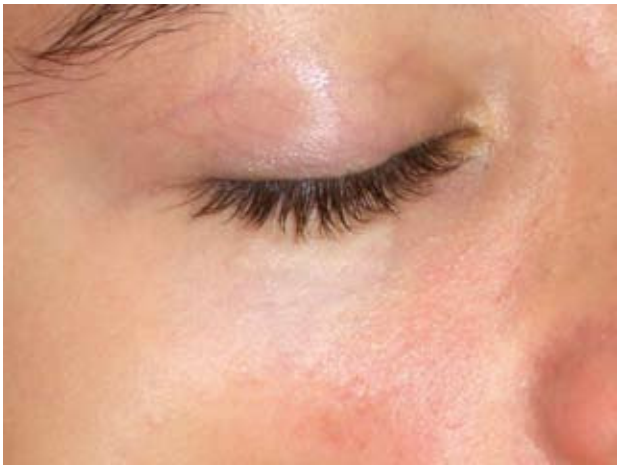

Figure 1. Clinical image of the lesion. Velvety plaque on the lower eyelid of the right eye.

We present the case of a 16-year-old girl with no past history of interest, who was seen for a lesion on the lower eyelid of the right eye and that had been present since birth. The lesion was a homogeneous, skin-colored, velvety plaque of approximately 1 cm × 0.5 cm, with poorly defined borders, and with no orifices or comedones on its surface (Figure 1). The lesion was asymptomatic and had always been stable, with no sudden changes in size, shape, or appearance. A 4-mm punch-biopsy was taken from the center of the lesion, revealing a tumor with follicular differentiation. Serial sections were performed of the whole biopsy, observing a proliferation of mature hair follicles in similar stages of differentiation in the upper regions of the reticular dermis, surrounded by a highly cellular stroma (Figure 2). The connective tissue sheath of all the follicles presented marked fibrous thickening (Figure 3). No central cystic cavity was found in any part of the sample. The diagnosis of hair follicle nevus was made on the basis of the clinical features and the histological findings. As the lesion was asymptomatic and did not trouble the patient from a cosmetic point of

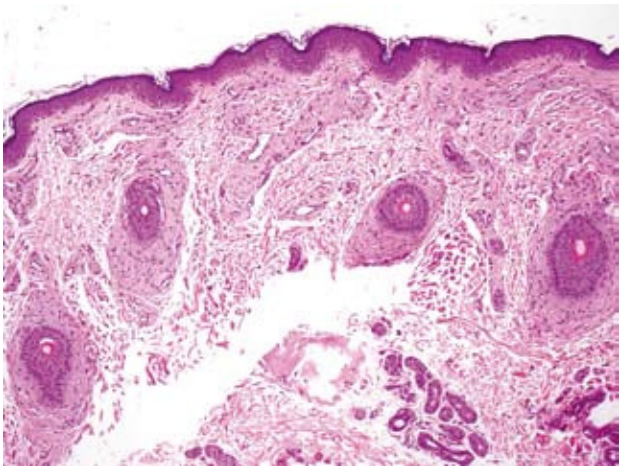

Figure 2. Hair follicles in the superficial dermis, with a cellular stroma. Hematoxylin-eosin, ×10.

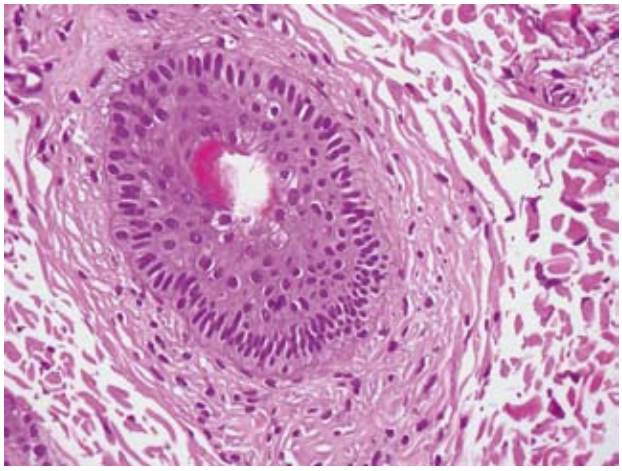

Figure 3. Detail of the fibrous perifollicular thickening. Hematoxylin-eosin, ×40.

view, it was decided not to perform excision and she was advised to return if she noticed any change.

Hair follicle nevus is a rare follicular hamartoma. It presents as a skin-colored or erythematous papule, plaque, or nodule situated on the face. It may arise in the early years of life or be present from birth and is usually asymptomatic.[1,3-5]

From a histological point of view, it is characterized by a proliferation of hair follicles, usually of small size, in the upper part of the dermis, with perifollicular fibrous thickening surrounded by a highly cellular stroma. Sebaceous or eccrine glands and muscle fibers may sometimes be seen, leading to the hair follicle nevus being considered as a true hamartoma.[1,3]

Until the description by Pippione et al[6] in 1984, the exact significance of the hair follicle nevus was unclear. Many of the cases reported as hair follicle nevus were clearly trichofolliculomas.[7] There were also those who considered these 2 terms to be synonyms for the same neoplasm, as in the review by Labandeira et al.[3] In 1993, Ackerman et al[8] even went as far as to insist that the hair follicle nevus was really a trichofolliculoma sampled from its periphery and, for this reason, the central cystic cavity of that lesion was not seen. In agreement with Pippione, other authors considered the hair follicle nevus to be a lesion with sufficient individual features to be differentiated from trichofolliculoma.[3-6] They suggest that, in order to reach a correct diagnosis of hair follicle nevus, it is necessary to perform serial sections of the specimen in order to exclude the presence of a cystic structure specific to trichofolliculoma. In any case, as stated by Requena,[9] "although the 2 lesions are different, trichofolliculoma and hair follicle nevus probably represent 2 closely related follicular hamartomas, as the hair follicle nevus is formed of minute hair follicles surrounded by a stroma similar to that of the trichofolliculoma."

There have also been authors who associate the hair follicle nevus with accessory tragi, as they can have common histological features, with the exception of the presence of cartilage in the tragi.[10]

What does appear to be true is that it is an extremely rare lesion. Davis and Cohen[2] performed a review of the 20 cases published up to 1996; between then and the latest description by Okada et al,[5] 7 more cases have been published.

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Conflicts of Interest
The authors declare no conflicts of interest.

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Actinomycosis of the Lip: an Exceptional Site

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To the Editor:

Actinomycosis is a chronic bacterial infection that is becoming less common due to the widespread use of antibiotics and the improvement in oral hygiene.

There are 4 main clinical forms, differentiated according to the site affected: cervicofacial, thoracic, ileocecal, and pelvic. However, many other sites have been reported.

Actinomycosis of the lip is very rare. In an extensive review, we only found 3 cases published in the past 30 years.[1-3]

We present the case of a 69-year-old man with no past history of interest, who was seen for a tender, nodular lesion on the lip that had been present for 1 year. The patient reported no suppuration; the mouth showed signs of sepsis, and on the mucosal surface of the lower lip there was a round, violaceous, well-delimited, very hard nodule with a diameter of 2 cm (Figure 1). There were no palpable regional lymph nodes.

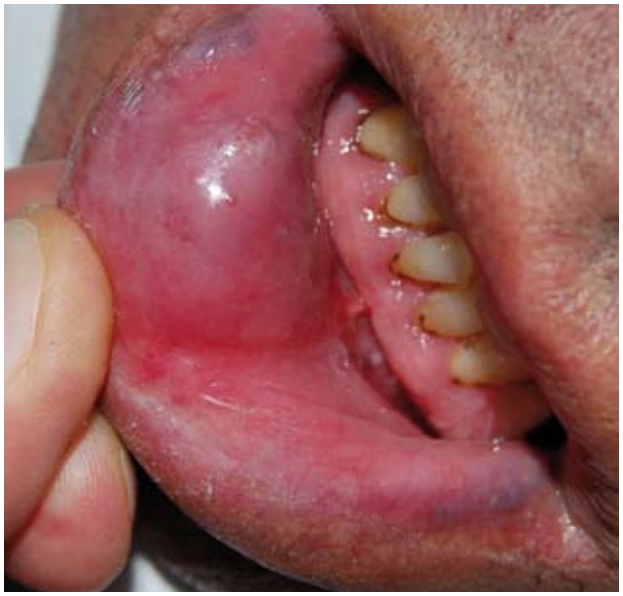

Figure 1. Violaceous nodule with a diameter of 2 cm, located in the mucosa of the lower lip.

On the suspicion of a tumor of the minor salivary glands, the lesion was excised under local anesthesia; the nodule proved very adherent to the adjacent tissues and significant bleeding ocurred during the excision. Culture was not performed.

Histological study showed an abscess surrounded by a fibrous capsule. Within the abscess there were granulomatous areas with abundant macrophages and plasma cells and other areas with a predominance of multinuclear cells (Figure 2).

Some of these latter areas contained irregular, amorphous basophilic masses that had peripheral, radial, pear-shaped, eosinophilic projections (Figure 3). These masses did not stain with Ziehl-Neelsen stain, and the Gomori silver metenamine stain demonstrated that they were formed of aggregates of filamentous bacilli.

With the diagnosis of actinomycosis of the lower lip, general blood tests with serology for human immunodeficiency virus, otorhinolaryngological examination, chest radiograph, and abdominal ultrasound were performed, with normal results. Complementary treatment was prescribed with oral amoxicillin 500 mg every 6 hours for 3 months. Two years later, the patient had suffered no recurrence.

Actinomycosis is produced by various species of the genus *Actinomyces*, particularly *Actinomyces israelii*. These are branching, pleomorphic, filamentous, gram-positive bacilli that are obligate or facultative anaerobes and are not acid or alcohol fast. They form part of the normal flora of the mouth, gastrointestinal tract, and female genital