

## 2021 Annual Spring Virtual Meeting | Abstract Submission

Segmental basaloid follicular hamartoma with superimposed nodular BCC presenting as a vascular anomaly mimic Kylee JB Kus, BS1,2; Bina Kassamali, BA2; Camila Villa, BA2; Patrick Mulvaney, MD2; Chrysalyne Schmults, MD2; Emily Ruiz, MD, MPH2; Jennifer Lin, MD2; Alvaro Laga, MD, MMsc3; Eleanor Russell-Goldman, MD, PhD3; Avery LaChance, MD, MPH2

1 Oakland University William Beaumont School of Medicine

2 Department of Dermatology, Brigham & Women's Hospital, Harvard Medical School

3 Division of Dermatopathology, Department of Pathology, Brigham & Women's Hospital, Harvard Medical School

A 37-year-old healthy female presented for evaluation of a "birthmark" characterized by a red asymptomatic patch on her right lower abdomen and upper thigh. The lesion had been stable until a year prior when she noticed new superimposed papules and overlying scale.

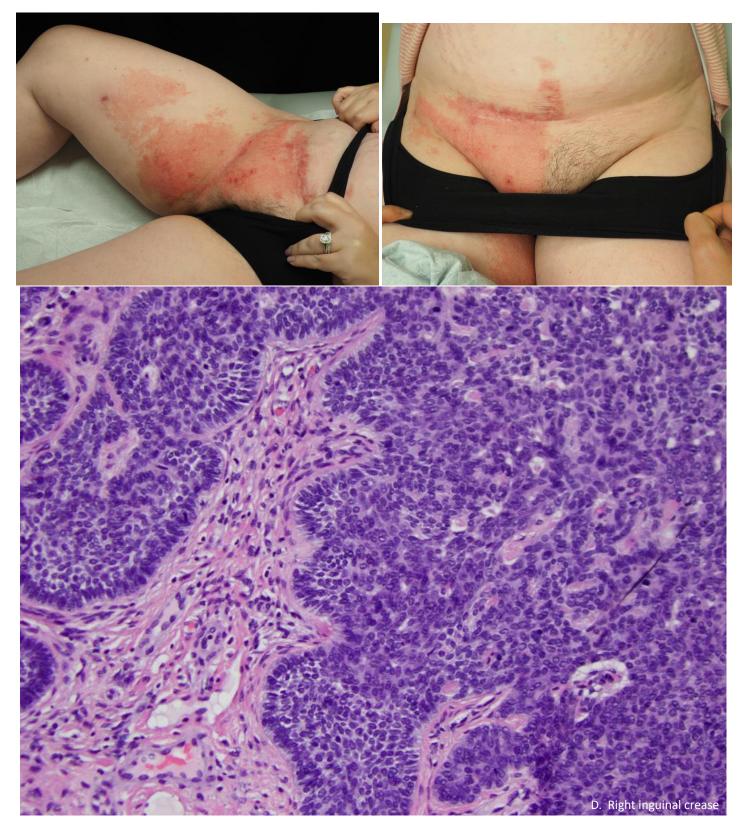
Exam revealed a large, segmental, non-blanching, pink to red, patch extending from her mid inner thigh to just below her umbilicus respecting the midline. There was no hair growth over the affected area and a few overlying pebbled papules were noted as well as scant fine scale. Multiple biopsies of the background patch and papules returned showing a basaloid neoplasm with follicular differentiation consistent with a basaloid follicular hamartoma (BFH). One biopsy met diagnostic criteria for a superficial and nodular basal cell carcinoma (BCC).

Given the complex presentation of BCC occurring within a BFH the patient was referred for Mohs surgery to allow for targeted treatment of BCC within background neoplasm. Additionally, plan was made to monitor her with serial exams for additional malignant transformation.

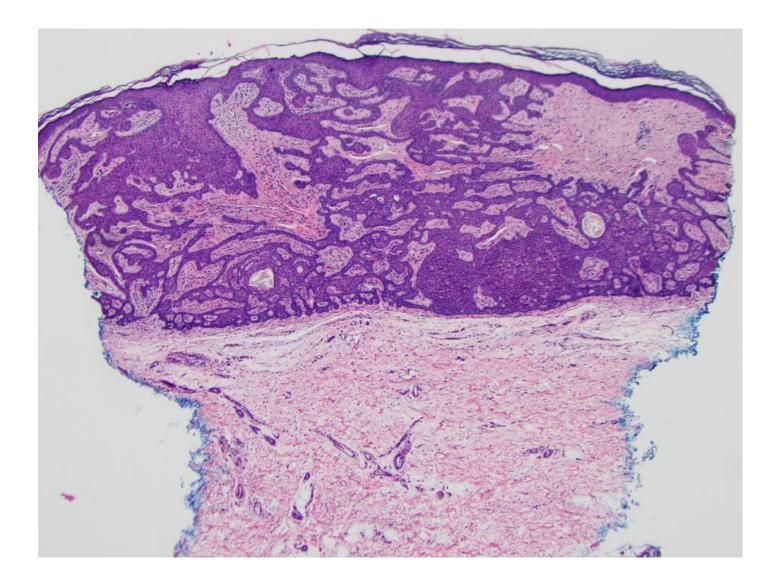
BFHs are rare, benign, follicular tumors classically presenting as brown to flesh colored papules, nodules, or plaques, predominantly affecting the face and scalp.<sup>1</sup> Our patient's clinical presentation characterized by a large, segmental, non-blanching pink to red patch with superimposed fine scale and papules on the lower abdomen, mons pubis and proximal right lower extremity is unique. While malignant transformation of BFH has been described, it is rare, and this case allows for discussion of the diagnostic challenge of BCC occurring within a BFH.<sup>2</sup>

1. Mills O, Brannon Thomas ; L. Basaloid Follicular Hamartoma. *Arch Pathol Lab Med*. 2010;134(8):1215-1219. doi:10.1043/2008-0620-RS.1

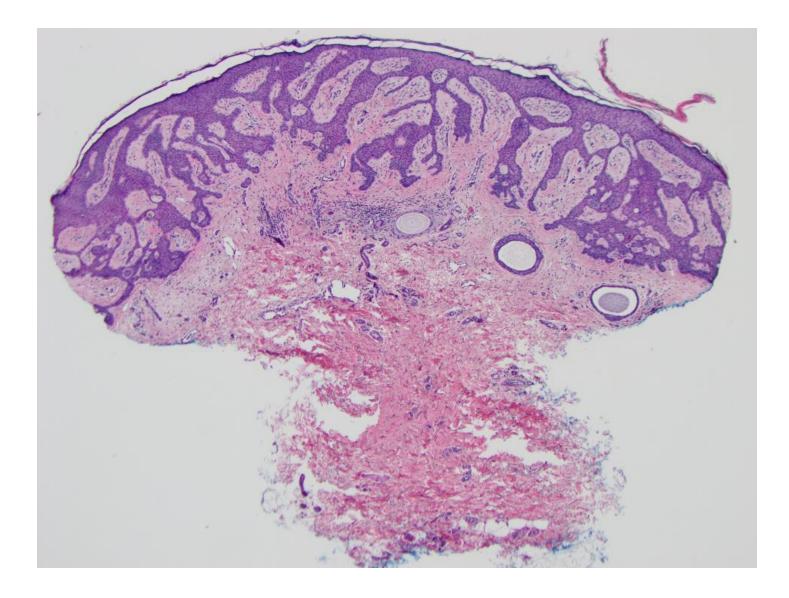
2. Hazemann G, Michel C, Mahé A, Lipsker D, Cribier B. Histopathological study of basaloid follicular hamartoma. *Ann Dermatol Venereol*. 2019;146(3):181-191. doi:10.1016/j.annder.2018.12.007



Right inguinal crease



Right anterior medial proximal thigh



Right medial suprapubic skin