



“What’s this above my lip?”

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A 56-year-old Caucasian male presents with an asymptomatic purple papule just above his lip. The lesion has been present for several months and has never bled or had any discharge. He does have a history of excessive sun exposure and sunburns in his youth. He is curious as to the diagnosis and would like the lesion removed.



Figure 1. Papule above the lip.

1. What is the most likely diagnosis?

- Wart
- Basal cell carcinoma
- Squamous cell carcinoma
- Seborrheic keratosis
- Trichilemmoma

2. With what syndrome is this lesion associated?

- Cowden syndrome
- Neurofibromatosis
- Multiple endocrine neoplasia
- Tuberous sclerosis
- Down Syndrome

3. How might you manage this lesion?

- Curettage and electrosurgery
- CO₂ laser ablation
- Reassurance
- Excision
- All of the above

Trichilemmomas are benign neoplasms with differentiation toward pilosebaceous follicular epithelium. Trichilemmomas typically present as solitary papules on the face which clinically resemble warts or basal cell carcinoma.


A shave biopsy is warranted to make the diagnosis and often removes the lesion in its entirety with good cosmesis.

Less commonly, multiple lesions found on the face may be part of Cowden syndrome (multiple hamartoma syndrome) which also includes:

- oral fibromas,
- GI polyps,
- goiter and/or
- a family history of breast cancer.

Trichilemmomas are also reported in association with the nevus sebaceous of Jadassohn which is typically found on the scalp.

These lesions have minimal morbidity and no mortality; thus, treatment is conservative. If the biopsy does not remove the lesion entirely, other destructive means may be offered, such as:

- electrodesiccation and curettage,
- excision, or
- CO₂ laser ablation. 

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Answers: 1-e; 2-a; 3-e