

## Trichodysplasia Spinulosa in a 71-Year-Old Heart Transplant Recipient

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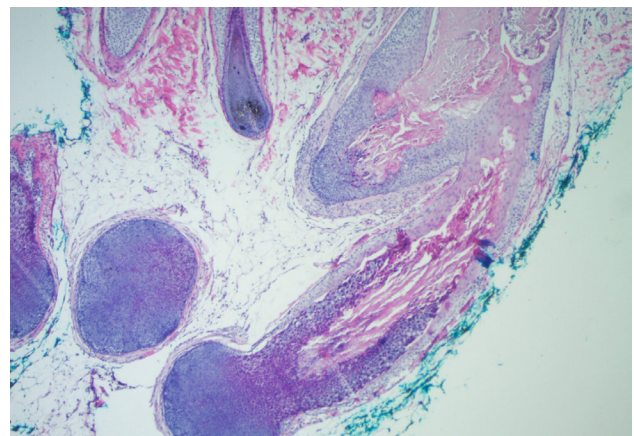
### Case Presentation

A 71-year-old Caucasian male with a past medical history of heart transplant approximately 18 months ago, on tacrolimus and prednisone presented with chief complaints of redness on the face and hair loss on the eyebrows and mustaches. On examination, he had small spicules overlying



**Figure 1.** Small spicules overlying thin erythematous plaque on the right ala.

scaly erythematous plaques on scalp, eyebrows, chin, upper cutaneous lip and nose (Figure 1). Skin biopsy showed dilated and distorted follicles with absent hair shaft and expansion of the matrix from the inner root sheath and outer root sheath with dense keratohyalin granules (Figure 2), which are concerning for trichodysplasia spinulosa (TS).



**Figure 2.** Histopathology showing dilated and distorted follicles with absent hair shaft and expansion of the matrix from the inner root sheath and outer root sheath with dense keratohyalin granules.

The patient was given an oral valganciclovir low dose of 450 mg daily. At follow up in 4 weeks, the erythema and spicules were significantly decreased. He continued the regimen for another 4 weeks and only had minimal erythema and spicules remaining. Given his history of chronic kidney disease, valganciclovir was stopped with caveat to restart it for short duration as needed.

## Teaching Point

TS is a rare dermatological condition which was first reported in the year 1995, and named later in the year 1999. TS is often known as an emerging infectious disease. However, the cases of TS may rise due to the increase in the number of patients on immunosuppressive drug regimens [1]. Differential diagnosis for TS includes trichostasis spinulosa, follicular hyperkeratotic spicules associated with multiple myeloma, lichen spinulosus, spiky follicular mycosis fungoides, disseminated spiked hyperkeratosis,

ulerythema ophryogenes, follicular-based graft versus host disease.

Trichodysplasia spinulosa polyomavirus (TSPyV) infects the skin, but in asymptomatic cases the viral DNA is rarely found even if the individuals possess antibodies to the virus. As it is a rare disease, there is no gold standard treatment available till date, but TS has to be timely diagnosed otherwise it may develop into leonine facies [2].

## References

1. Curman P, Nasman A, Brauner H. Trichodysplasia spinulosa: A comprehensive review of the disease and its treatment. *J Eur Acad Dermatol Venereol.* 2021;35(5):1067-1076. DOI: 10.1111/jdv.17081. PMID: 33559344. PMCID: PMC8247895.
2. Haycox CL, Kim S, Fleckman P, et al. Trichodysplasia spinulosa--a newly described folliculocentric viral infection in an immunocompromised host. *J Invest Dermatol Symp Proc.* 1999;4(3): 268-271. DOI: 10.1038/sj.jidsp.5640227. PMID: 10674379.