

## SKINimages

## Follicular Papules With Keratinous Spines Following Kidney Transplant

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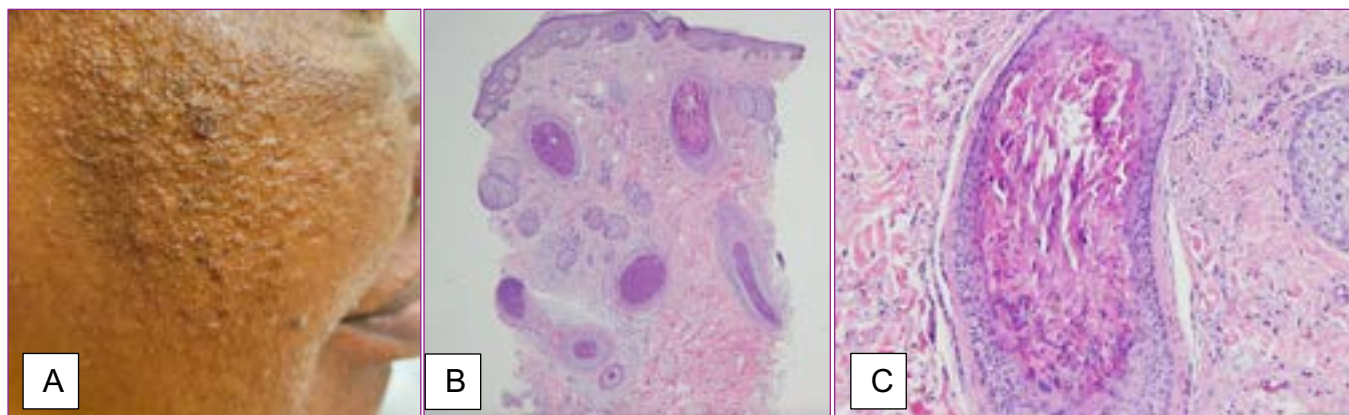
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A woman in her 60s with history of kidney transplant 1.5 years prior, now on tacrolimus and prednisone, presented with asymptomatic, monomorphic, skin-colored and hyperpigmented spiny, follicular papules on the face, ears, forearms, and thighs. Punch biopsy of the right cheek (**Figure 1**) showed dilated follicles with proliferation of inner sheath cells with trichohyalin granules and no mature hair shaft, consistent with trichodysplasia spinulosa (TS). Biopsy of the left thigh showed a follicular spine with similar dystrophic epithelial changes and dyskeratotic keratinocytes (**Figure 2**).

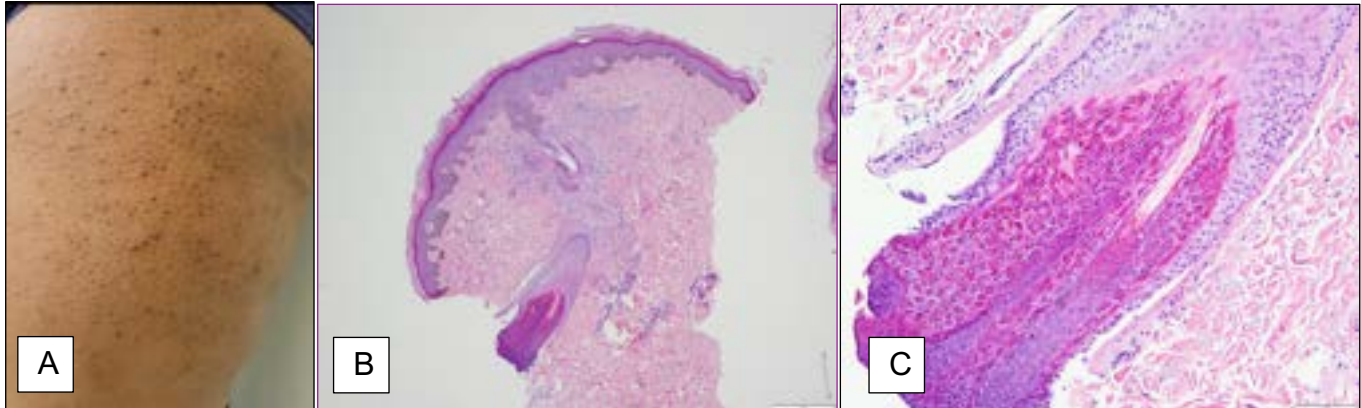
TS is a rare folliculocentric disease caused by reactivation of TS-associated polyomavirus in the setting of

immunosuppression. Although there are no established treatment guidelines, literature suggests that topical cidofovir 3% and oral valganciclovir are two of the most effective therapies.<sup>1</sup> When appropriate, reducing iatrogenic immunosuppression can lead to significant improvement. Left untreated, TS may result in disfiguring leonine facies.<sup>2</sup> Our patient trialed topical acyclovir due to cost considerations but continued to develop new lesions. She then switched to topical cidofovir 3% cream twice daily, which cleared facial lesions within 1.5 weeks but was cost-prohibitive. Consequently, she was started on oral valganciclovir 500 mg twice daily pending discussion of possible reduction of immunosuppression with her nephrologist



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**Figure 1.** Follicular papules with keratotic spines on the right cheek (A). Punch biopsy showing dilated follicles with proliferation of inner root sheath cells with enlarged trichohyalin granules and no mature hair sheaths or papilla (B and C, hematoxylin and eosin x40 and x200).



**Figure 2.** Hyperpigmented follicular papules on the left thigh (A). Punch biopsy showing a dysmorphic hair follicle with hyperplasia of inner root sheath cells and coarse eosinophilic trichohyalin granules without a well-defined hair shaft (B and C, hematoxylin and eosin x40 and x200).

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