

CASE REPORT

Dermoscopy of Dilated Pore of Winer

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Summary

Dilated pore of Winer is a benign adnexal tumour of follicular differentiation. It has typical clinical feature of asymptomatic, solitary enlarged pore with a keratin plug. Dermoscopy offers further assistance in diagnosis. In this case on dermoscopy, well defined lamellated central blackish area arranged in concentric circles, surrounded by a bluish grey halo was seen with a rim of hyperpigmentation.

Key words: Dilated pore, Dermoscopy, Adnexal tumour

Introduction

Dilated pore of Winer was first described by Louis H Winer in 1954.¹ Though it is commonly located over the head and neck areas, it is usually found on the trunk also. This frequently occurs in middle aged and elderly individuals. It is an adnexal neoplasm of the follicular infundibulum.² The clinical features are characteristic with a solitary dilated pore filled with a black keratin plug. The lesion is benign and asymptomatic and treatment is advised only for cosmetic purposes. Histopathologic examination is advised in doubtful cases to confirm the diagnosis. Dermoscopy can now be used as an additional tool to confirm the diagnosis and thus help to avoid biopsy.

Case Report

A 38-year-old male presented with an asymptomatic slowly enlarging lesion over the trunk for 6 months. On examination, an elevated lesion measuring 5mm x 5mm with central black plug like open comedone was noted (Figure 1a). The surrounding skin was normal. On dermoscopy lamellated central black area in concentric circles, surrounded by a bluish grey zone was noted and peripheral rim of hyperpigmentation was also seen. Biopsy was not performed as the features were classical of dilated pore of Winer (Figure 1b).

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Figure 1. (a) Papule with central keratin plug; (b) Concentric areas in the centre, with bluish grey margins and rim of hyperpigmentation on dermoscopy



Discussion

Dilated pore of Winer is a common benign condition. Some reports have considered it to be epidermal inclusion cyst with reactive hyperplasia of its epithelial lining and others proposed it to be a variant of nevus comedonicus.³ Now it is said to be an adnexal neoplasm of the follicular infundibulum. The exact etiology and pathophysiology is unknown. It is commonly located over the head and neck areas, and also frequently found on the trunk of middle age to elderly individuals. It usually presents as an asymptomatic solitary lesion without any perilesional inflammatory changes.⁴

Biopsy and histopathological examination is advised only in uncertain cases. On histopathology, single or multiple contiguous enormously dilated follicular infundibula is seen extending deep into dermis. It is lined by an acanthotic infundibular epithelium projecting several finger-like projections into the adjacent dermis. These finger-like projections do not contain keratin cysts, ducts, or hair shafts.³ The cavity is filled with lamellar keratin material. Excessive melanization of this epithelium and/or the central keratin plug may also be observed.

On dermoscopy with Dermlite 4, lamellated central black area with concentric circles, surrounded by a bluish grey zone and peripheral rim of hyperpigmentation was noted. Previous reports on Dermoscopy of Dilated pore of Winer describes a central homogenous bluish black material.⁴ In this case the central keratin was organised in concentric

layers. The greyish margins correspond to epidermal hyperplasia around the follicular infundibulum.⁴

Differential diagnoses are solitary lesion of nevus sebaceous, pilar sheath acanthoma, epidermal inclusion cyst with punctum and large pore Basal cell carcinoma.

For these lesions, prognosis is excellent as they are benign and do not involve further testing or work-up. Treatment is advised only for cosmetic purposes and excision is the best choice. It is possible to simply remove the keratin content using a comedone extractor. However soon there will be reaccumulation of keratin. Due to the deeply located base of the invagination, destructive methods like electrodesiccation, electrocautery, laser surgery, dermabrasion, and cryotherapy are less efficient.¹

Conclusion

Dilated pore of Winer is a benign adnexal tumour of follicular differentiation. There are very few reports on the Dermoscopy of dilated pore of Winer and previous reports described a homogenous central area. Hence, we report this dermoscopic finding of central keratin arranged in concentric layers.

Conflict of Interest Declaration

The authors have no conflict of interest to declare.

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