



Dilated Pore of Winer Mimicking Trichofolliculoma

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Abstract

Dilated pore of Winer which was originally designated as a secondary or acquired trichoepithelioma by Winer, represents an appendageal tumor with differentiation towards follicular structures. It is clinically characterised by having the appearance of a large comedone filled with keratinous material. To the best of our knowledge, there has been no report of dilated pore with a terminal hair in the centre. We herein describe such a case.

Keywords: Dilated pore, Winer, Appendageal tumor, Trichoepithelioma.

Introduction

Dilated pore of Winer was first described by Winer in 1954^[1]. It is a commonly occurring benign adnexal tumor of follicular differentiation^{[3][4]}. It is commonly located on head and neck, however dilated pore of Winer can also be found on the trunk of middle aged and elderly individuals. These clinically present as an asymptomatic solitary enlarged pore with a keratin plug and normal surrounding skin^[1]. Prognosis is excellent for these lesions and do not require any further testing or work up. Histopathological evaluation acts as an ancillary tool in confirming diagnosis in uncertain cases. We report an unusual case of dilated pore of Winer mimicking trichofolliculoma.

Case Report

A 21 year old female presented with an asymptomatic slow growing swelling on her neck for preceding six months. There was no systemic symptoms and no history of similar illness in the family.

On examination a solitary skin coloured, shiny, firm and non-tender papule was seen above the right Clavicle [Figure 1]. A wisp of short terminal hair was seen emerging from a central orifice of the papule. Perilesional skin was normal. There was no other mucocutaneous abnormality and systemic examination was not contributory. Clinically diagnosis of trichofolliculoma was made. An excisional biopsy was performed followed by histopathological examination which revealed

greatly dilated infundibulum lined by acanthotic epidermis and subinfundibular atrophic structures [Figure 2]. Hence based on histology a final diagnosis of dilated pore of Winer was made.



Fig.1 Solitary papule with central terminal hair

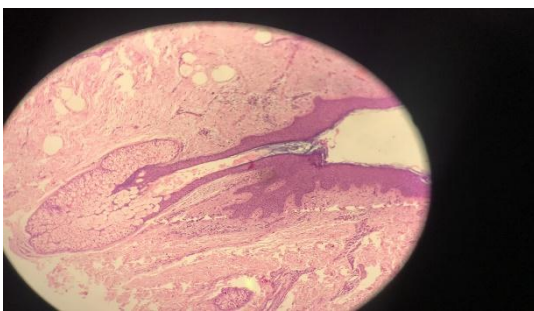


Fig.2 Greatly dilated infundibulum lined by acanthotic epidermis

Discussion

Dr Louis H Winer first reported dilated pore in 1954 hence the name “dilated pore of Winer”^[1]. It usually occurs in middle aged and elderly individuals. The most common site is head and neck, however cases have been reported to involve trunk and abdomen. It clinically presents as a solitary keratin filled comedo like lesion^[5]. The clinical differential diagnosis includes giant comedo and pilar sheath acanthoma^[2]. Dermascopy reveals a pinkish white nodule with regularly arranged vessels at the periphery. On histopathology the dilated pore has markedly dilated follicular infundibulum lined by outer root sheath epithelium of hair^[1]. The Histopathological appearance is said to resemble “a glass of red wine”. Pilar sheath acanthoma and trichofolliculoma are close Histopathological mimics of dilated pore. Trichofolliculomas are characterised by abnormally large follicles with smaller radiating follicles. Immunohistochemical

study of dilated pore using monoclonal antibodies against cytokeratin shows differentiation towards infundibulum and partly towards isthmus. The exact etiopathogenesis of the dilated pore is not known^[5]. Some have considered the dilated pore of Winer to simply be an epidermal inclusion cyst with reactive hyperplasia of its epithelial lining and others proposed it to be a variant of Nevus comedonicus. However, this lesion has been shown to be a distinct entity as an adnexal neoplasm of the follicular infundibulum. Winer in his original article noted an association with a history of inflammatory cystic acne. No treatment is required for dilated pore of Winer. Removal can be performed for cosmetic concern. Complete excision of the lesion is curative^[6]. However incomplete excision can result in recurrence from the remaining infundibular lining. Till date, there have been no reports of death associated with this condition. Also there have been no reports of syndromes associated with this entity. The prognosis in most cases is excellent.

Conclusion

Dilated pore of Winer occurring as a solitary papule with a central terminal hair is a rare occurrence and a clinical dilemma of trichofolliculoma. But as the histological features were consistent with dilated pore, the diagnosis was concretized. This case has hence been reported for its unusual age of occurrence and unusual clinical presentation.

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