

## Case Report

# Dermoscopic Characterization of Dilated Pore of Winer: Report of Two Cases

### Abstract

Dilated pore of Winer is a benign tumor of infundibulum of the pilosebaceous unit. The morphological features of this condition are characteristic enough to allow a clinical diagnosis. It generally presents as an enlarged solitary open comedone-like lesion on the head and neck region or the trunk of elderly individuals. Although the diagnosis is mainly clinical, dermoscopy may be of further assistance. However, to the best of our knowledge, there are no documented dermoscopic features of the classical type of this disorder as in our cases. We report the dermoscopic findings of two cases along with clinical and histopathological correlation.

**Keywords:** Dermoscopy, dilated pore of Winer, pilar sheath acanthoma

### Introduction

Dermoscopy is a noninvasive diagnostic tool that enables a magnified visualization of the skin surface and subsurface structures. It has become an integral part of clinical assessment of any skin lesion and is no more restricted to the pigmented lesions, for which it was primarily used in the past.

Dilated pore of Winer is a common, benign tumor of the infundibulum of the pilosebaceous unit presenting as an enlarged, solitary open comedone-like lesion. Although the clinical diagnosis of this disorder is quite straightforward, dermoscopic assessment further complements the clinical features and helps in differentiating from other related disorders as well.

### Case Reports

#### Case 1

A 48-year-old male presented with a large, open comedone-like lesion on the lower back measuring about 3 mm × 3 mm surrounded by scaly skin for the past 8 months [Figure 1a]. Dermoscopy (noncontact, polarized mode) using DermLite™ DL3 revealed a central bluish-black homogenous area surrounded by translucent grayish-whitish halo and a peripheral rim of slight hyperpigmentation [Figure 1b].

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: [reprints@medknow.com](mailto:reprints@medknow.com)

Hematoxylin and eosin analysis revealed a markedly dilated follicular ostium filled with lamellated keratin and lined by infundibular epithelium with small finger-like projections into the adjacent dermis. Adjoining epidermis showed hyperkeratosis and parakeratosis [Figure 2].

#### Case 2

A 62-year-old female presented with two asymptomatic crateriform lesions measuring 4 mm × 2 mm and 4 mm × 1 mm plugged with dark keratin-like material on the back from the past 6 months [Figure 3a]. Noncontact dermoscopy under polarized mode revealed a crater-like pattern with a central homogeneous bluish-black structureless area surrounded by a grayish-white halo, with a discreet peripheral pigment network [Figure 3b and c]. Histopathological analysis could not be done in this patient as she refused biopsy. The clinical features, however, were classical of dilated pore of Winer.

### Discussion

Dilated pore of Winer is a common, benign tumor of the infundibulum of the pilosebaceous unit. It is usually seen in the head and neck region or the trunk of elderly individuals. It presents as an asymptomatic, enlarged solitary comedone without any perilesional inflammation or induration. Histopathologically, single or multiple contiguous enormously

**Keshavmurthy A Adya,  
Arun C Inamadar,  
Aparna Palit<sup>1</sup>**

Department of Dermatology,  
Venereology and Leprosy,  
Shri B M Patil Medical College,  
Hospital and Research Center,  
BLDE University, Vijayapur,  
Karnataka, <sup>1</sup>Department of  
Dermatology and Venereology,  
All India Institute of Medical  
Sciences, Bhubaneswar,  
Odisha, India

#### Address for correspondence:

Dr. Arun C Inamadar,  
Department of Dermatology,  
Venereology and Leprosy,  
Shri B M Patil Medical  
College, Hospital and Research  
Center, BLDE University,  
Vijayapur - 586 103, Karnataka,  
India.  
E-mail: [aruninamadar@gmail.com](mailto:aruninamadar@gmail.com)  
com

#### Access this article online

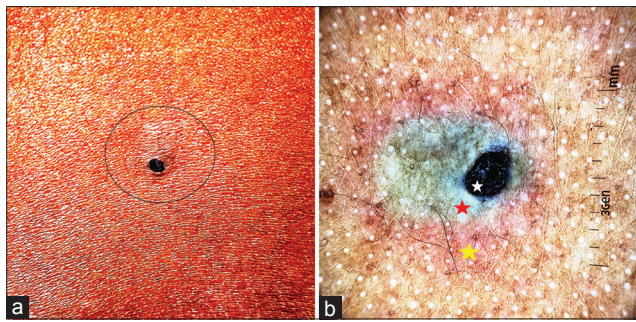
Website: [www.cdriadvkn.org](http://www.cdriadvkn.org)

DOI: 10.4103/CDR.CDR\_7\_18

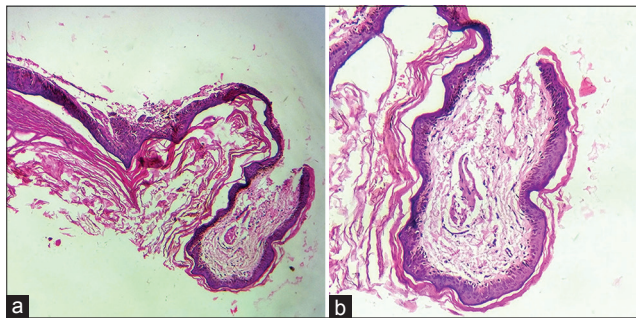
#### Quick Response Code:



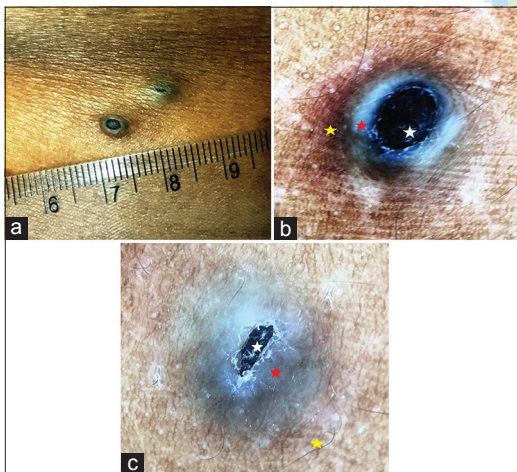
**How to cite this article:** Adya KA, Inamadar AC, Palit A. Dermoscopic characterization of dilated pore of Winer: Report of two cases. Clin Dermatol Rev 2019;3:96-8.



**Figure 1:** A solitary 3 mm × 3 mm large open comedone-like lesion on the back (a). Noncontact dermoscopy using DermLite™ DL3 under polarized mode showing central bluish-black homogenous area (b, white star) with a whitish translucent halo (b, red star) surrounded by a discrete pigment network (b, yellow star) (×10)



**Figure 2:** Photomicrograph showing a dilated follicular ostium and adjacent hyperkeratotic and parakeratotic epidermis (a). Higher magnification of the dilated follicular ostium showing central lamellated keratin lined by infundibular epithelium with small finger-like projections into the adjacent dermis (b) (H and E, ×10 [a] and ×40 [b])



**Figure 3:** A 4 mm × 1 mm and 4 mm × 2 mm comedone-like lesions on the back (a). Noncontact dermoscopy using DermLite™ DL3 under polarized mode showing a central bluish-black structureless area (b and c, white star) with whitish translucent halo (b and c, red star) and a peripheral pigment network (b and c, yellow star) (×10)

dilated follicular infundibula are seen that are lined by an acanthotic infundibular epithelium projecting several finger-like projections into the adjacent dermis. Excessive melanization of this epithelium and/or the central keratin plug is also observed. Surgical excision is the definitive

treatment, indicated only for cosmetic reasons.<sup>[1-3]</sup>

Dermoscopy in both cases revealed similar features as described above. The central homogenous bluish-black material corresponds histopathologically to the lamellated keratin filling up the follicular infundibulum and clinically resembling a large, open comedone. The translucent grayish-white margin corresponds to scaling due to epidermal hyperplasia around the follicular infundibulum. The peripheral hyperpigmented rim is indicative possibly of the postinflammatory hyperpigmentation seen around a chronic lesion. Literature on dermoscopy of dilated pore of Winer is quite scarce, and to the best of our knowledge, there is only one report which, however, describes dermoscopic features of a rather less typical clinical presentation of the condition.<sup>[4]</sup>

Pilar sheath acanthoma is indistinguishable from dilated pore of Winer both clinically and histologically. However, it is almost exclusively seen on the upper lip of the elderly and histopathologically may exhibit a larger and more irregular central cavity and multiple lobulated masses of cells extending into the surrounding dermis rather than the finger-like projections in the latter.<sup>[1-3]</sup> In dermoscopic analysis of a case of pilar sheath acanthoma, Iino and Ito observed multiple column-like or small blocks of keratotic areas in the central plug and a few tips extending from the edges onto the center which they describe as “central multiple horn pattern.”<sup>[5]</sup> This feature differed from the central homogenous bluish-black keratotic material seen in our cases. However, since this is the only documented anecdotal observation available in the literature on dermoscopy of pilar sheath acanthoma, and the fact that our dermoscopic analysis of classical dilated pore of Winer is also a novel one, we believe that it cannot be concluded at this point with certainty if the two disorders can be differentiated dermoscopically.

## Conclusion

Dilated pore of Winer is a follicular disorder with characteristic clinical features. Dermoscopic evaluation may be of further assistance in asserting the clinical diagnosis or when other follicular disorders with similar features such as pilar sheath acanthoma have to be differentiated. However, due to the scarcity of data, further dermoscopic observations are required to establish any reproducible dermoscopic patterns of this disorder.

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

### References

1. James WD, Berger TG, Elston DM, Neuhaus IM, editors. Epidermal nevi, neoplasms and cysts. In: Andrews' Diseases of the Skin Clinical Dermatology. 12<sup>th</sup> ed. Philadelphia: Elsevier Saunders; 2016. p. 625-79.
2. Srivastava D, Taylor RS. Appendage tumors and hamartomas of the skin. In: Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ, Wolff K, editors. Fitzpatrick's Dermatology in General Medicine. 8<sup>th</sup> ed. New York: The McGraw-Hill Companies; 2012. p. 1337-62.
3. Weedon D, editor. Tumors of cutaneous appendages. In: Weedon's Skin Pathology. 3<sup>rd</sup> ed. Edinburgh: Churchill Livingstone Elsevier; 2010. p. 758-807.
4. Moreira A, Menezes N, Guedes R, Tente D, Baptista A, Varela P. Dermoscopy of a dilated pore of Winer. Eur J Dermatol 2010;20:229.
5. Iino Y, Ito S. A case of pilar sheath acanthoma with a characteristic pattern on dermoscopy. Nishi Nihon Hifuka 2014;76:199-201. Available from: [https://www.jstage.jst.go.jp/article/nishinihonhifu/76/3/76\\_199/\\_article](https://www.jstage.jst.go.jp/article/nishinihonhifu/76/3/76_199/_article). [Last accessed on 2018 Apr 02].

