

Dermoscopy of a Rare Case of Porokeratotic Eccrine Ostial and Dermal Duct Nevus

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Case Presentation

A 20-year-old female presented with multiple asymptomatic raised lesions over the right hand since birth. Family history was unremarkable. Systemic examination was within normal limits. Examination revealed multiple discrete firm pitted papules with a central comedo-like keratotic plug arranged in a Blaschkoid pattern over the palmar aspect of the middle finger of her right hand (Figure 1A). Dermoscopy showed multiple yellowish-white milia-like structures over a background of brownish globules (Figure 1B). Histopathology showed hyperkeratosis, acanthosis, and papillomatosis. Columns of parakeratosis were seen invaginating the epidermis with an absent granular layer beneath the columns (Figure 1C). Based on these findings, a diagnosis of porokeratotic eccrine ostial and dermal duct nevus (PEODDN) was made. The patient was started on oral isotretinoin 20 mg daily and 12% salicylic acid ointment for six weeks, with satisfactory subjective response and 20–25% objective improvement. (Figure 1D)

Teaching Point

Porokeratotic eccrine ostial and dermal duct nevus is a rare disorder considered to be an eccrine hamartoma. Most of the cases are present since birth or early childhood, but cases with later age at onset have also been reported [1]. Dermoscopy has been done in only limited cases of PEODDN, and features such as numerous distinct white dots that represent hypertrophic dilated appendageal ducts are an important diagnostic feature of PEODDN, as also seen in our case [2]. Dermoscopy and the pathognomonic histopathological finding of a parakeratotic column overlying eccrine duct helps in differentiating PEODDN from other close differentials such as linear verrucous epidermal naevus and unilateral punctate porokeratosis. Different modalities have been tried for the management of PEODDN including topical steroids, cryotherapy, retinoids, and ablative lasers with variable efficacy [1].



Figure 1. (A) Multiple papules with central keratotic plug arranged in a Blaschkoid pattern over palmar aspect of middle finger of right hand. (B) Dermoscopy showing multiple yellowish-white milia-like structures over a background of brownish globules. (C) Histopathology showing columns of parakeratosis are seen invaginating the epidermis with absent granular layer beneath the columns (H&E, $\times 100$). (D) 20–25% improvement seen in lesions after six weeks of therapy.

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