DERMATOPATHOLOGY

CORONOID LAMELLA: THE CLUE TO AN UNUSUAL DIAGNOSIS

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Background: A 74 year-old male with a history of prostate adenocarcinoma, was referred by his urologist for evaluation of a longstanding asymptomatic linear lesion on his right upper extremity. On physical examination he had a light brown papillomatous and hyperkeratotic plaque that extended from his right shoulder to the palmar surface of his 3rd and 4th fingers following a Blaschkoid distribution. On dermoscopy, whitish to yellow digitiform hyperkeratotic structures were observed. Histopathology showed coronoid lamellae connected to dilated and hyperplastic eccrine ducts, confirming the diagnosis of porokeratotic eccrine ostial and dermal duct nevus.

Observation: Porokeratotic eccrine ostial and dermal duct nevus (PEODDN) is a rare benign condition usually present since birth or early childhood. Pathogenesis is not well established, but it is considered a mosaicism caused by an autosomal dominant mutation in gene GJB2, which encodes for the gap junction protein connexin-26. Clinically it presents as skin colored to brown, grouped papules or plaques with a hyperkeratotic surface or verrucous appearance, following a Blaschkoid distribution. Histopathology is necessary to differentiate from an epidermal nevus, and it is remarkable for coronoid lamellae associated with underlying eccrine ducts. Although there are no previous reports on dermoscopic findings, the hyperkeratotic structures seen on this patient´s dermoscopy correspond to the coronoid lamellae seen on histopathology. PEODDN has a benign course with no description of malignant transformation to date. Reported treatments include topical retinoids, cryotherapy, surgery and CO2 laser, however, treatment is usually not satisfactory.

Key message: PEODDN is a rare benign condition with a noteworthy histopathology that easily correlates with dermoscopic findings.