Warty dyskeratoma

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CLINICAL PRESENTATION

A 65-year-old woman presented with an asymptomatic 5-mm pink papule on her left frontotemporal region (Fig 1). The patient noticed this lesion approximately 1 year earlier.

Fig 1. Warty dyskeratoma. Pink papule on the left frontotemporal region.

DERMOSCOPIC APPEARANCE

Manual dermoscopy revealed a pale, homogeneous area mottled by 3 brown to yellow marbled clods adjacent to several hair follicles (Fig 2).

Fig 2. Manual dermoscopy of warty dyskeratoma. White homogeneous area with 3 yellow clods with intervening hair follicles (arrows). (Delta 20 dermatoscope [Heine Optotechnik, Herrsching, Germany] with Cyber-shot T90 camera [Sony, Tokyo, Japan]).

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HISTOLOGIC DIAGNOSIS

Histology revealed features of warty dyskeratoma, a cup-shaped epidermal proliferation with prominent dyskeratosis, acantholysis, a hyperkeratotic plug above, and a dense lymphocytic infiltrate underneath (Fig 3). This lesion was in apparent contiguity with at least 2 pilosebaceous units.

Fig 3. Histology of warty dyskeratoma. Cup-shaped epidermal proliferation with hyperkeratotic plug and prominent acantholytic dyskeratosis. (Hematoxylin-eosin stain; original magnification: $\times 40$.)

KEY MESSAGE

Warty dyskeratoma is an uncommon benign epidermal proliferation mainly seen on the head or neck of adults. The prominent histologic features of acantholysis and dyskeratosis make the diagnosis. Some architectural features reminiscent of a wartlike growth encouraged some authors to suggest a viral infection to be the cause. Absence of evidence for the former, and its relationship to the hair follicle, has prompted others to suggest the term “follicular dyskeratoma.”¹ It may be a more correct designation for an assumed adnexal neoplasm.

To our knowledge, this is the first description of dermoscopy of a warty dyskeratoma. This lesion demonstrated a coarse cobblestone pattern, where amidst a pale homogenous area, tan clods corresponded to hyperkeratotic plugs seen on histology. Recognition of these features may aid the dermatologist in the clinical diagnosis, although further reports of dermoscopy of these lesions are needed to ascertain specificity.

REFERENCE

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