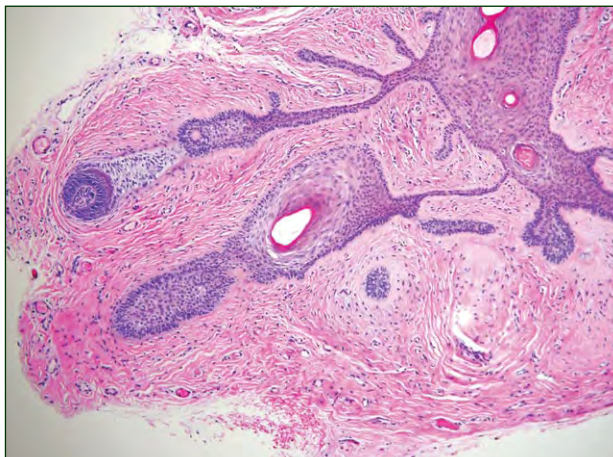


H&E, original magnification $\times 40$.



H&E, original magnification $\times 100$.

The best diagnosis is:

- a. dilated pore of Winer
- b. pilar sheath acanthoma
- c. trichilemmoma
- d. trichofolliculoma
- e. vellus hair cyst

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The authors report no conflict of interest.

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Trichofolliculoma

Trichofolliculoma is a benign hamartoma of the pilosebaceous unit.¹ The classic clinical presentation is a single flesh-colored nodule or papule approximately 0.5 to 1.0 cm in diameter, with a tuft of woolly vellus hairs emerging from a single central pore. The most common location is the central face, particularly the nose, though it also may be seen on the scalp, neck, upper trunk, and rarely the vulva. A dilated primary follicle lined with keratinizing stratified squamous epithelium communicates with the surface epithelium (Figure 1). Multiple small secondary follicles radially branch from the wall of this primary infundibulum (Figure 2). This

arrangement is sometimes referred to as “momma and her babies.”² A dense orb of fibrous stroma encloses these follicular structures.

Dilated pore of Winer and pilar sheath acanthoma both have a similar solitary, enlarged, keratin-filled central follicle and a surrounding fibrous envelope. However, rather than secondary follicles seen in trichofolliculoma, fingerlike strands of eosinophilic epithelium radiate from the infundibulum in dilated pore of Winer (Figure 3), and in pilar sheath acanthoma several thick lobules of keratinocytes protrude outward to the dermis (Figure 4). Vellus hair cyst is a single cystic space lined with stratified

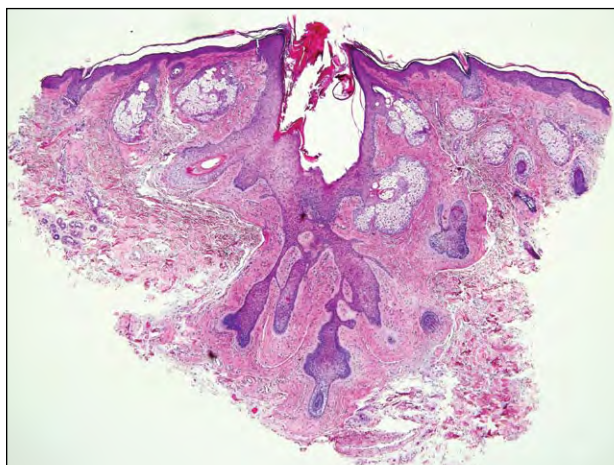


Figure 1. Trichofolliculoma demonstrating a central dilated follicular structure (“momma”) into which many small follicular structures (“babies”) communicate (H&E, original magnification $\times 40$). The entire structure is embedded in a dense fibrous stroma.

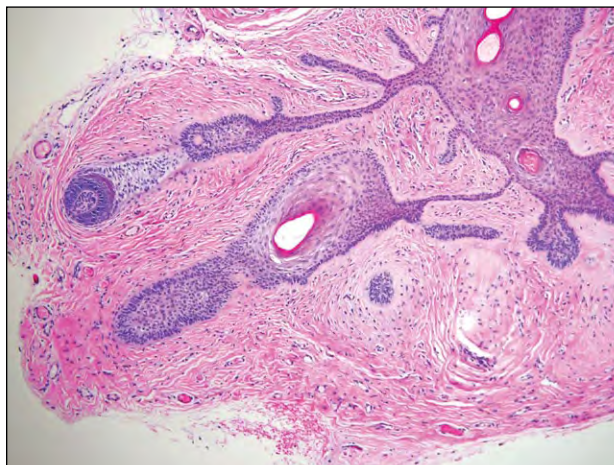


Figure 2. Higher-power view of the follicular structures (H&E, original magnification $\times 100$).

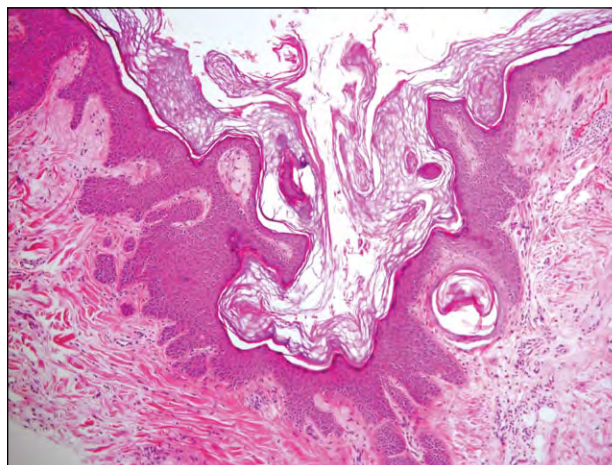


Figure 3. Dilated pore of Winer revealing fingerlike strands of eosinophilic epithelium radiating from dilated infundibulum (H&E, original magnification $\times 100$).

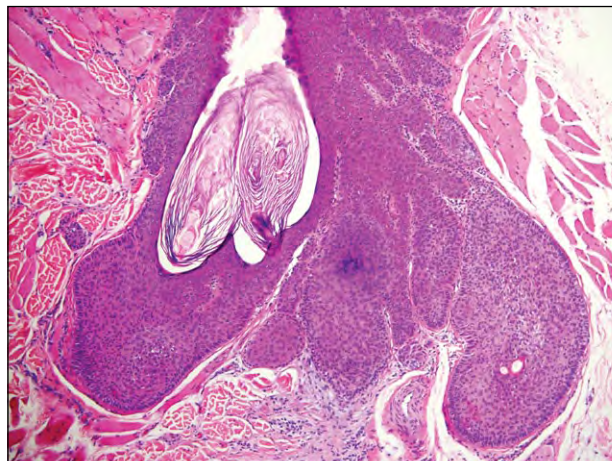


Figure 4. Thick lobules of keratinocytes protrude outward from a follicle in pilar sheath acanthoma (H&E, original magnification $\times 100$).

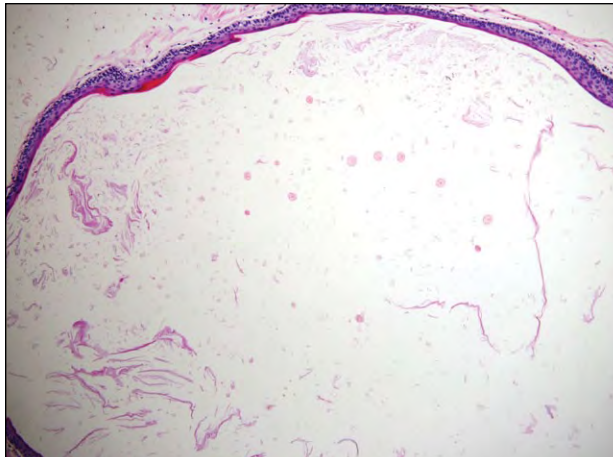


Figure 5. Cystic space containing keratin and vellus hairs of vellus hair cyst (H&E, original magnification $\times 100$).

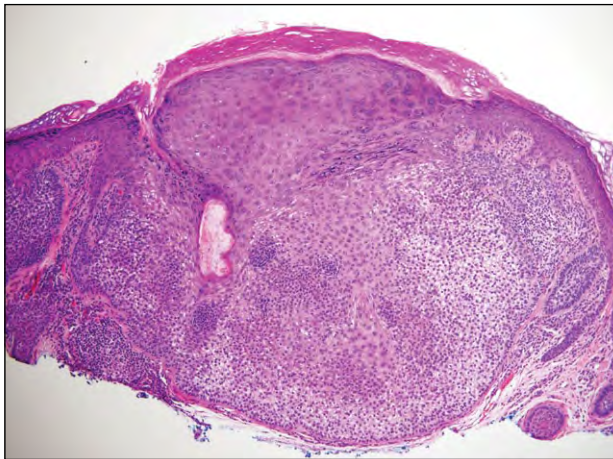


Figure 6. Trichilemmoma showing lobules of glycogenated cells, palisading nuclei, and a glassy basement membrane zone (H&E, original magnification $\times 100$).

squamous epithelium containing keratin and vellus hairs (Figure 5) but clinically appears as multiple truncal papules. Trichilemmoma is composed of glycogenated cells extending from the epidermis or infundibulum in well-defined lobules; the outermost cells are columnar with palisading nuclei that resemble the outer root sheath. Additionally, the entire structure is surrounded by a thick glassy basement membrane zone (Figure 6).

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