CASE 6

Patient: A 35-year-old Thai woman from Bangkok

Chief Complaint: Multiple papules on face and neck for 2 years

Present Illness: The patient had developed asymptomatic multiple skin-colored papules on her face and neck for 2 years. The lesions gradually increased in number.

Past History: No underlying disease and other medications

Family History: Her brother also has similar skin lesions on face.

Dermatological Examination (Figure 6.1): Multiple skin-colored to yellowish papules with central dell confluent to plaque with a deep furrow on her over her entire oily face. The periorbital and perioral areas were spared. Numerous yellowish papules on her neck and upper chest.

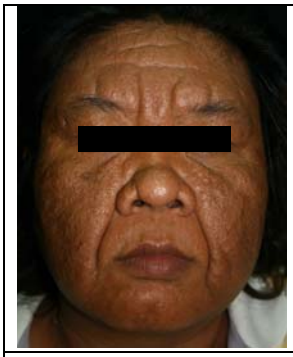

Figure 6.1

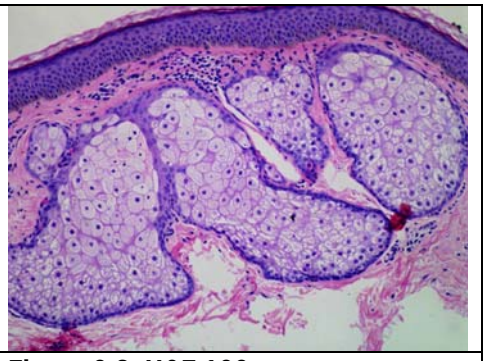

Figure 6.2, H&E 100x

Histopathology (S10-9090) (Figure 6.2):

- Enlarged sebaceous glands showing increased number of mature sebaceous lobules
- Each lobules composed of an outer layer of basaloid cells surrounding mature sebaceous cells in the upper dermis and dilated infundibular canals

Diagnosis: Sebaceous gland hyperplasia

Treatment: Isotretinoin 20 mg/day

Presenter: Wanwarang Nakpanom

Consultant: Vasanop Vachiramon

Discussion:

Sebaceous gland hyperplasia is a common benign condition most often presents on the face of the elderly, particularly males.[1] It presents commonly as solitary or multiple, small (less than 3 mm in diameter), yellowish papules on the face, particularly on the forhead. Lesions often reveal a central dell. Other less common sites include the chest, ocular caruncle, penis and vulva.[2-5] Lesions are, however, occasionally encountered in younger age groups.[6-9] In "premature sebaceous gland hyperplasia" or "familial presenile sebaceous hyperplasia" extensive sebaceous hyperplasia appears at puberty and tends to worsen with age. Dupre, Bonafé, and Lamon[8] in 1980 characterized this disorder as follows: appearance during puberty or soon thereafter; the extent of the sebaceous hyperplasia; selective localization on the face, neck, and upper thorax and lack of involvement of periorificial regions; absence of acneiform lesions; a slowly progressive nature; the ineffectiveness of conventional acne treatments; and histopathologically, a voluminous sebaceous hyperplasia with lack of inflammation.

Clinically this condition must be differentiated from rosacea, multiple sebaceous adenomas, trichoepitheliomas, and the angiofibromas of tuberous sclerosis.

Histopathology of most lesions consist of a single greatly enlarged sebaceous gland composed of numerous lobules grouped around a centrally located, wide sebaceous duct.[10] Histologically sebaceous hyperplasia must be

differentiated from nevus sebaceus, sebaceous adenoma, basal cell epithelioma with sebaceous differentiation, and sebaceous carcinoma.

Sebaceous gland hyperplasia is completely benign and does not require treatment; however, lesions can be cosmetically unfavorable and sometimes bothersome when irritated. A variety of treatment options exist including electrodesiccation, cryosurgery, shave excision with currettage, photodynamic therapy, CO_2 laser surgery, Pulsed dye laser, 1450-nm diode laser. They are effective and safe for the treatment of sebaceous hyperplasia.[11-14] Oral isotretinoin has been utilized for patients with extensive disfiguring lesions. In a preliminary study, the patients were treated with low dose systemic isotretinoin, 1 mg/kg/day, which resulted in mark improvement in skin texture and a reduction in the size of the lesions and facial seborrhea occurred after 6 weeks. Long-term therapy with a lower dose of isotretinoin was given to maintain this improvement. Long-term topical retinoid application had beneficial after discontinuing oral therapy.[9, 15, 16]

References

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