SEBACEOUS HYPERPLASIA RESEMBLING LYMPHANGIOMA CIRCUMSCRIPTUM

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A young boy presented with multiple soft linear papules on left ear of short duration with associated psoriasiform dermatitis of scalp. The lesions clinically resembled lymphangioma circumscriptum. Histology revealed multiple hyperplastic sebaceous glands branching from a single duct and dilated hair follicles suggesting sebaceous hyperplasia. The case is presented with review of the relevant literaturs.

Key words : Sebaceous hyperplasia, Lymphangioma circumscriptum

Introduction

Sebaceous hyperplasia is a benign dermatosis characterized by asymptomatic solitary or multiple lobules on the face and at times clinically may simulate basal cell carcinoma. We report a case of sebaceous hyperplasia which presented clinically as Iympha- ngioma circumscriptum.

Case Report

An- 18-year-old student presented with asymptomatic multiple, grouped, skin colored, soft, nontender, semitranslucent papules in a linear fashion over the left ear lobule of 2 months' duration (Fig. 1). The lesions had an insidious onset and progressed gradually. Barring history of seborrhea and erythematous dry scaly lesions over the scalp for the last 5 months, the boy denied history of any major illness in the recent past and similar occurrence among his blood relatives. A provisional diagnosis was made between lymphangioma circumscriptum and sebaceous hyperplasia.

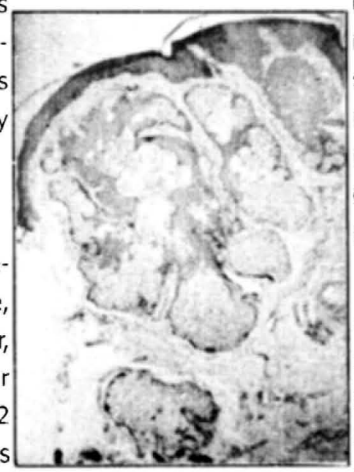

Fig.1. Hyperplasia of sebaceous glands.

Barring high eosinophilia (21% = 2352/cmm) and increased serum 17α- epiandrosterone, the routine hemogram and blood biochemistry were normal while urinalysis revealed trace albuminuria, mucous and epithelial cells. A 4 mm. punch biopsy was taken from the ear lobule and stained by hematoxylin and eosin.

Histology revealed basket weave pattern of

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stratum corneum with keratotic plugging at places, irregular with broadening of the tips of the rete ridges. The dermis showed several sebaceous glands branching from a single dilated hair follicle. There was no evidence of any dilated lymph space but a very mild nonspecific lymphomononuclear cellular infiltrate devoid of any erythrocytes was present. No cellular atypia was seen.

The lesions were electrodessicated under local anesthesia and the patient had no recurrence till date.

Discussion

Clinically sebaceous hyperplasia presents as asymptomatic solitary or multiple elevated small soft papules, often umbilicated, on the face (chiefly forehead) and cheeks in persons past middle age and sometimes in youngsters[1,2] but rarely seen in adult life.[3] Our patient was young and presentation at this age is a little unusual. The nature of the lesions can mimic lymphangioma circumsriptum, rhinophyma and nevus sebaceous. No precipitating cause could be elicited. Absence of any systemic involvement and internal malignancy ruled out the possibility of sebaceous epithelioma and nevus sebaceous.[4]

Histology was consistent with sebaceous hyperplasia. The several enlarged sebaceous glands and ducts were grouped around each of them but the sebaceous lobules were not as prominent as in rhinophyma. Ductal structures were conspicuous and there was no apocrine gland beneath the enlarged sebaceous gland, thus histologically differentiating it from nevus sebaceous. Absence of any cystically dilated space lined by single layer of cells, erythrocytes in the infiltrate, hyperkeratosis, acanthosis with associated papillomatosis distinguished the condition from lymphangioma circumscriptum; and also from sebaceous epithelioma where the nodules consist predominantly of basaloid cells, foci of sebaceous differentation and loss of architecture of mature sebaceous glands. Further, increased level of serum 17 α- epiandrosterone was in favour of the condition.[5]

Many disorders have different clinical presentation where histology brings out the clue. But one must consider all the available clinical data to establish a provisional diagnosis which will guide confirmation by histology.

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