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STEATOCYSTOMA MULTIPLEX

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A case of steatocystoma multiplex in a 45-year-old male is reported. The diagnosis was based on clinical as well as histopathological findings.

Key Words : Steatocystoma multiplex, Steatocystoma simplex, Steatocystoma multiplex suppurativa

Introduction

Steatocystoma multiplex is an uncommon naevoid condition which histologically shows a mixture of a keratinizing epithelium and sebaceous lobules attached to the epidermis by a thin epidermal strand.[1] Usually begining in adolescence or early adult life,[2] it may be inherited as an autosomal dominant trait, although most cases have no family history.[1] Both sexes are affected equally. Clinically it is characterized by multiple small soft, movable, yellowish to skin coloured dermal cystic papules and nodules,[3] varying from a few to 20 mm or more in size.[1] Overlying epidermis is usually normal with no central punctum.[3] The trunk (with the presternal region as the site of election) and proximal extremities are involved, but lesions may appear anywhere, including the scrotum.[2] Usually the lesions are asymptomatic but some lesions may become inflammed, suppurate and heal with scarring.[2] When inflammation of the ruptured cysts takes place and is extensive, it can produce the so-called steatocystoma multiplex suppurativa, which mimics acne conglobata.[1] Occurrence of a solitary lesion is called steatocystoma simplex, which has no hereditary tendency.[2] The condition has been given variety of names including steatocystomatosis, sebocystomatosis and epidermal polycystic disease.[4] We are reporting a case of steatocystoma multiplex.

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Case Report

A 45-year-old male presented to us with asymptomatic skin lesions on the chest and inner aspect of both arms of 5 years duration. To start with he noticed a small, firm, elevated lesion on the anterior aspect of the chest, which remained stationary for 4 years. With the passage of time and since past 1 year the lesion increased in size along with the appearance of numerous similar type of lesions on the chest and inner aspect of both arms. There was no history of similar skin lesions in other members of the family and there was no association with any other cutaneous disorders.

On examination, there were multiple small to moderate sized, discrete, mobile, firm, yellowish to skin coloured, dermal cystic papules and nodules distributed bilaterally, asymmetrically on the anterior and lateral aspect of the chest, upper inner aspect of the arms and anterior axillary folds. Pricking the lesion expressed oily fluid from some of the lesions. There were no signs of inflammation in any one of the lesions. Other systems were normal and routine laboratory examination revealed no abnormality.

Skin biopsy of the cystic nodule revealed histologic features suggestive of steatocystoma multiplex. Cyst was located in

the dermis with a folded cyst wall. Cyst wall had a basal layer in palisade arrangement of the cells towards the cavity. There were few flattened sebaceous gland lobules close to the cyst wall.

Discussion

Steatocystoma multiplex is an uncommon naevoid condition. Though there are reports of involvement of other sites like scalp exclusively, of scalp and forehead, scrotum, etc, our patient had the involvement of common sites, that is the trunk and proximal extremities.

The colour of the lesions varies from yellowish to skin colour and this variation has been attributed to the depth of the lesions, the superficial lesions being yellowish and the deeper lesions skin coloured.[2] In our case the lesions exhibited both the colours.

The associated findings reported in patients with steatocystoma multiplex include ichthyosis, koilonychia, acrokeratosis verruciformis of Hopf, hyperkeratotic lichen planus, hidradenitis suppurativa, hypotrichosis, multiple keratoacanthomas and rheumatoid arthritis and pachyonychia congenita.[3] In our case there were no associated findings.

Regarding pathogenesis of this condition, Kligman and Kirchbaum postulated that pluripotential ectodermal cells retain the embryonic capacity to form appendages or naevi rather than retention or inclusion cyst.[3]

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