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PhotoDermDiagnosis
Yellowish growth on the nose

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A healthy 58-year-old lady with no premorbid complaints presented with an asymptomatic growth on her nose of 1 year duration. Her past medical history was unremarkable. Cutaneous examination revealed a well-demarcated yellowish nodule of about 1 cm with overlying telangiectasia on the nasal tip (**Figure 1**). Radiofrequency shave excision of the lesion was performed and the biopsy findings are shown in (**Figures 2** and **3**).

What is your diagnosis?

Figure 1

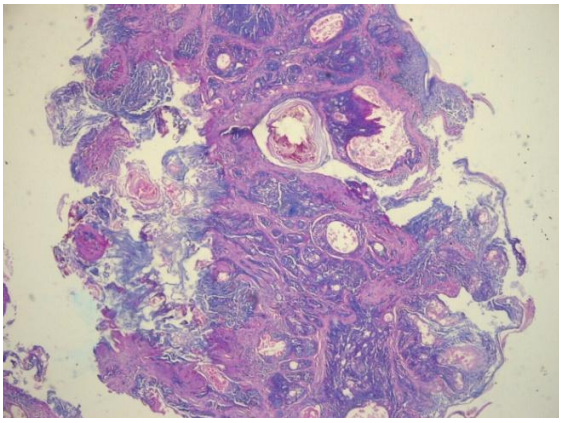

Figure 2

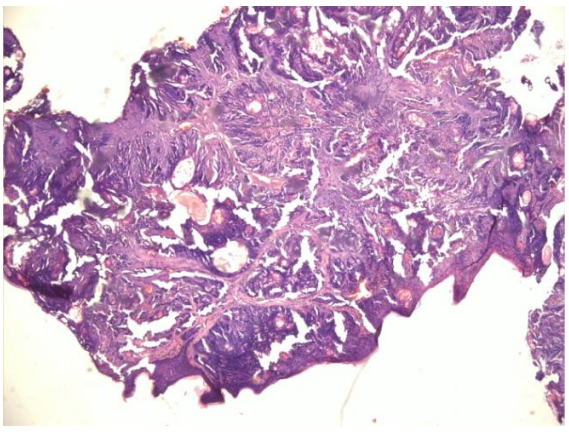

Figure 3

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Diagnosis

Sebaceous adenoma

Biopsy from the lesion showed multiple incompletely differentiated sebaceous lobules which were irregular in shape and size in continuity with the epidermis. They were lined by two types of cells i.e. basaloid cells with scanty cytoplasm and a vesicular nuclear along with well differentiated sebaceous cells in between suggestive of a sebaceous adenoma.

Discussion

Sebaceous adenoma is an uncommon benign epithelial neoplasm of sebaceous glands. They appear as asymptomatic slow growing, yellowish papules less than 1 cm in diameter on the head and neck of elderly individuals. Solitary or multiple sebaceous adenomas are considered as one of the diagnostic hallmarks of Muir-Torre syndrome. Muir-Torre syndrome is a rare autosomal dominant genodermatosis characterized by the occurrence of multiple sebaceous gland neoplasms (sebaceous adenoma, sebaceous carcinoma) and keratoacanthomas in association with a visceral malignancy, which is usually a colorectal adenocarcinoma or a genitourinary cancer.[1,2]

In a systematic review of 120 patients with Muir-Torre syndrome, sebaceous tumours preceded the onset of an internal malignancy is almost 40% of patients.[3] Hence diagnosis of solitary or multiple sebaceous adenoma should raise a strong suspicion of Muir-Torre syndrome. Because systemic malignancy may occur many years after the onset of a sebaceous adenoma, continued long term surveillance is necessary

Sebaceous adenoma and sebaceous epithelioma can be difficult to distinguish histologically. Sebaceous epithelioma has more of germinative cells and less of the well differentiated sebaceous cells than a sebaceous adenoma and hence some authors propose the term basal cell carcinoma with sebaceous differentiation to be synonymous with sebaceous epithelioma. Sebaceous hyperplasia clinically may resemble a sebaceous adenoma, however histologically it shows presence of mature large sebaceous lobules centered around a single centrally dilated duct filled with debris whereas, a sebaceous adenoma shows incompletely differentiated and irregularly shaped sebaceous lobules lined by two layers of cells (germinative cells and mature sebocytes) that communicate with one or more dilated infundibula or directly on to the surface. A sebaceous adenoma should not be confused with adenoma sebaceum of Pringle which is actually an angiofibroma and a diagnostic hallmark of tuberous sclerosis.[4]

The treatment of choice for sebaceous adenoma is surgical excision. In our patient radiofrequency ablation of the lesion was performed under local anesthesia with no recurrence of the tumor at the end of 3 months.

References

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