

Sebaceous Hyperplasia en Plaque

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Sebaceous hyperplasia is a hamartomatous condition of the sebaceous glands that usually appears on the face, and mainly affects the forehead and cheeks of elderly people. It clinically presents as one or several scattered, elevated, small, soft, yellow, slightly umbilicated papules, measuring 2 to 3 mm in diameter. We report five patients who presented with an unusual cutaneous lesion of sebaceous hyperplasia, consisting of slightly umbilicated papules clustered on an erythematous, edematous base. The initial clinical diagnoses in all cases were milia en plaque. However, the skin biopsies from the lesions revealed several enlarged sebaceous glands, containing several ducts with sebaceous lobules grouped around each of them. From its unique clinical presentation, the name "sebaceous hyperplasia en plaque" is proposed for this unusual condition. (*Ann Dermatol* 17(2) 75~78, 2005)

Key Words: Sebaceous hyperplasia, Milia en plaque, Sebaceous hyperplasia en plaque

INTRODUCTION

Sebaceous hyperplasia commonly presents as solitary or multiple, small, yellowish, individual papules on the face, particularly on the forehead or cheeks of middle-aged to elderly individuals¹⁻⁴. These lesions may also occur on the penile shaft in adults as discrete, yellowish papules, or on the neck and chest of sun-damaged skin in a yellow beaded morphology⁵.

We report five patients who presented with almost identical cutaneous lesions. These were slightly-umbilicated, yellowish papules clustered on an erythematous, edematous base. Patients had no other symptoms. An hematoxylin-eosin stained biopsy specimen from each patient revealed a greatly enlarged sebaceous gland composed of numerous grouped lobules with a wide sebaceous duct, of which

the opening to the surface corresponded with the central umbilication of the papule. We propose the term "sebaceous hyperplasia en plaque", meaning sebaceous hyperplasia on an edematous plaque, for this unique condition.

CASE REPORT

Case 1

A 45-year-old male presented with a round, cutaneous lesion of 1.0 × 1.0 cm in diameter, on the anterior neck (Fig. 1). The lesion was well demarcated, yellowish, and centrally-umbilicated papules coalesced on an erythematous base, forming a plaque. It had been present since childhood and there were no accompanying symptoms.

Case 2

A 48-year old female presented with an ovoid 1.2 X 0.6 cm cutaneous lesion on her forehead, which had been there since childhood (Fig. 2). The well-demarcated plaque had an erythematous base with coalesced brownish-yellow papules on it.

Case 3

A 46-year-old female presented with a round, cutaneous lesion of 1.1 × 1.1 cm in diameter, on the

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Fig. 1. Coalesced, yellow, umbilicated papules on an erythematous base on the anterior neck.

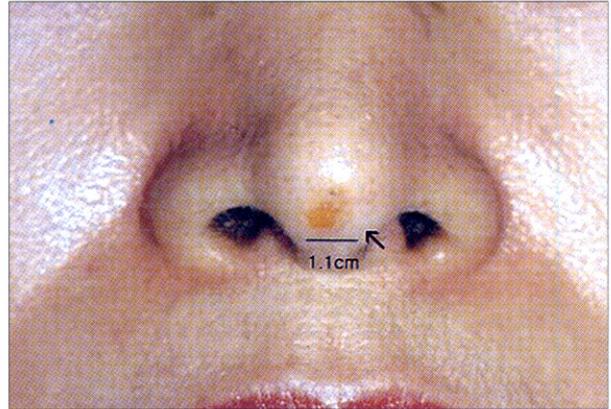


Fig. 3. Slightly-elevated, yellowish plaque on the tip of the nose.

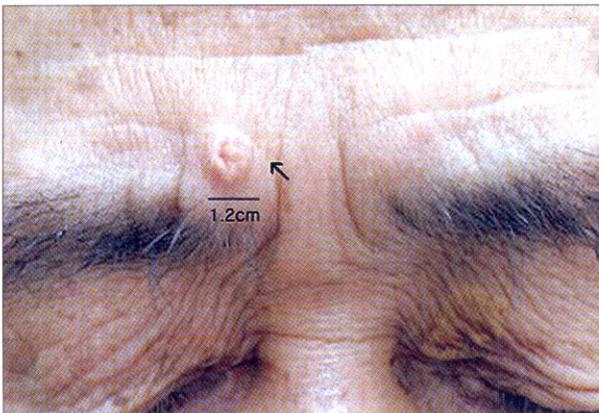


Fig. 2. Confluent umbilicated papules on the forehead.

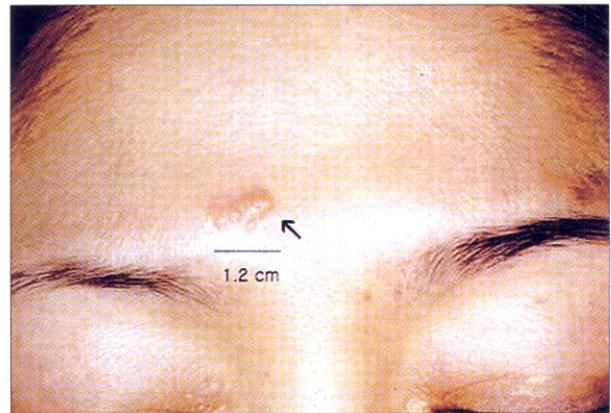


Fig. 4. Confluent umbilicated papules form a plaque on the forehead.

tip of her nose (Fig. 3). The lesion was well demarcated, yellowish, and centrally-umbilicated papules coalesced on an erythematous base presenting as a plaque. It had developed two years previously and there were no accompanying symptoms.

Case 4

A 76-year old male presented with an ovoid 1.2 × 1.2 cm lesion on his forehead, which had been there for 5 years (Fig. 4). The lesion was a well-demarcated, yellowish plaque, consisting of grouped papules coalesced on an erythematous base. There were no accompanying symptoms. Physical examination and routine laboratory tests were normal, and there was no remarkable past or family history.

A skin biopsy stained with hematoxylin-eosin revealed several enlarged sebaceous glands which contained several ducts with sebaceous lobules

grouped around each of them.

Case 5

A 46-year old male presented with an ovoid 1.5 × 0.8 cm lesion on the left temporal area, which had been there since childhood (Fig. 5). The lesion was a well-demarcated, brownish-yellow plaque, consisting of grouped papules coalesced on an erythematous base.

In all the aforementioned cases, apart from the sebaceous hyperplasia, physical examination was otherwise normal. There was no remarkable past medical or family history, and routine laboratory tests were found to be normal. A skin biopsy with hematoxylin-eosin staining revealed enlarged sebaceous glands composed of numerous grouped lobules with a wide sebaceous duct in the dermis (Fig. 6

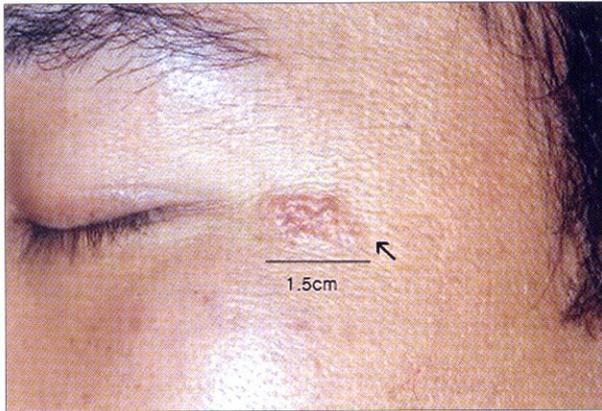


Fig. 5. Confluent umbilicated papules forming a plaque on the left temporal area.

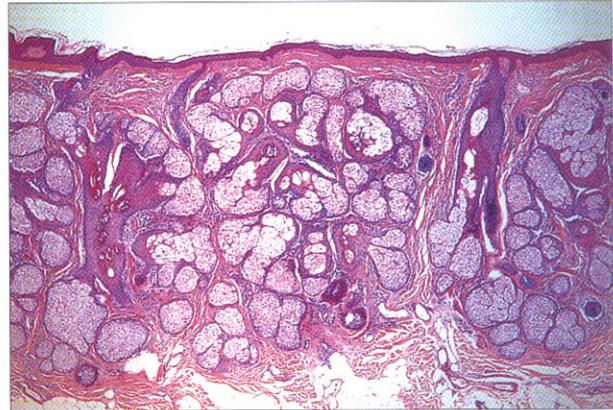


Fig. 6. From scanning view, multiple, mature sebaceous lobules attached to the central dilated ducts are observed (H&E, $\times 40$, case 5; excision biopsy).

from case 5).

DISCUSSION

The cutaneous lesions in all five patients had a similar appearance: slightly-umbilicated, yellowish papules on an erythematous edematous base (Table 1). Presumptive clinical diagnoses were milia en plaque, the term that was proposed by Hubler et al.⁶ for the first time, describing an unusual cutaneous lesion consisting of milia on an erythematous edematous base, with histopathological features identical to that of milia. However, histopathologically, the lesions in our cases revealed enlarged sebaceous glands composed of numerous grouped lobules with a wide sebaceous duct, of which the opening to the surface corresponded with the central umbilication of the papule, consistent with sebaceous hyperplasia. Another clinical differential diagnosis that should be considered in such cases is nevus sebaceous of Jadassohn. On biopsy, it presents ductal structures that are less apparent than in sebaceous

hyperplasia, with papillomatous epidermal hyperplasia and apocrine glands found beneath the sebaceous glands⁷. Other epidermal nevus that may be considered histopathologically, reveal various predominant structures corresponding to its variants.

Sebaceous hyperplasia is a hamartomatous condition of the sebaceous glands that usually appears on areas with actinic damage in elderly people. It is a benign entity that occurs as single or multiple yellowish papules of 1 to 3 mm on the forehead, cheeks, neck, lips and exceptionally on the oral mucosa, vulva, thorax, areola or penile shaft⁸. Its most common presentation is usually as individual papules or plaques, although there are reported cases of sebaceous hyperplasia in a linear or zosteriform pattern⁸⁻¹¹, showing papules in beaded lines appearing as tiny papules arranged closely in parallel rows, a giant¹²⁻¹⁵ pattern with a firm, dome-shaped, elevated tumor, and a diffuse^{16,17} pattern. Histopathologically, they are all consistent with sebaceous hyperplasia. To our knowledge, hyperplasia of sebaceous glands on an erythematous base with coalesced yellowish

Table 1. Summary of Patients with Sebaceous Hyperplasia en Plaque

Patient no.	Sex	Age	Onset	Location	Size (cm)
1	M	45 year	Childhood	neck	1.0 \times 1.0
2	F	48 year	Childhood	face, forehead	1.2 \times 0.6
3	F	46 year	44 year	nose	1.1 \times 1.1
4	M	76 year	71 year	face, forehead	1.2 \times 1.2
5	M	46 year	Childhood	face, temporal	1.5 \times 0.8

papules, resembling milia en plaque, have not been previously reported in the literature.

In conclusion, we believe the presented cases are a unique type of sebaceous hyperplasia that merit a distinct term. We propose the term "sebaceous hyperplasia en plaque", for such clinical entities.

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