Linear Sebaceous Hyperplasia

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We report an unusual case of sebaceous hyperplasia in an 18-year-old male manifested clinically as yellowish, grouped papules with a linear distribution, present on the right side of forehead since birth. Histopathologically, a large sebaceous gland composed of numerous lobules grouped around a centrally dilated duct was seen. The sebaceous lobules distributed in the upper dermis showed direct connection to the skin surface, which suggested a transepidermal elimination of sebaceous lobules. (Ann Dermatol 4 : (1) 45-48, 1992)

Key Words : Sebaceous hyperplasia, Linear distribution

Sebaceous hyperplasia is a common benign condition that originates in sebaceous units. Usually such hyperplasia is found on the forehead, nose, and cheeks of the aged. The typical lesions consist of either one or several, elevated, soft, yellowish papules usually 2-3mm in diameter with central umbilication. Histologically, these papules consist of sebaceous glands with lobules of mature sebaceous cells grouped around a centrally located duct.

Herein we report a case of sebaceous gland hyperplasia with the unusual clinical appearance of a linear distribution of the papules, as well as a unique histopathological feature of sebaceous lobules directly connecting to the skin surface.

REPORT OF A CASE

An 18-year-old male was first seen in April 1990 because of multiple yellowish lesions on his right forehead(Fig. 1). From birth, yellowish spots have been present and the lesions have grown and become more prominent. On examination, many soft, yellowish papules with...
central umbilication, both discrtete and confluent, 3～5mm in size, were distributed in a linear arrangement on the right side of his forehead. His past medical history was otherwise unremarkable, and there was no family history of similar skin disorders.

A biopsy specimen was taken from the elevated papule and showed a large sebaceous gland composed of multiple, mature, sebaceous lobules grouped around a central, wide, sebaceous duct in a grapelike pattern (Fig. 2). The lobules located in the upper dermis showed direct connection to the surface of the epidermis (Fig. 3).

The patient was treated with electrodessication with good cosmetic result.

**DISCUSSION**

Sebaceous hyperplasia is a common dermatologic condition of the forehead, cheeks, and nose, typically found in middle age but showing increased frequency with age. De ville and Roberts, Bhawan and Calhoun, Burton reported cases of sebaceous hyperplasia with an age of onset at 12 years, 18 years, and 37 years, respectively. All of them had numerous, 1～2mm, yellow, well-circumscribed papules with central umbilication with oily skin are sebaceous gland hyperplasia, located on the forehead, nose and cheek. They called the condition premature sebaceous gland hyperplasia in order to compare it with senile sebaceous hyperplasia.

We found several cases of sebaceous hyperplasia with unique clinical appearances in the literature. Lee and Yeon reported a case in a 26-year-old female which developed on her left forearm. Catalono and losannides reported a case of sebaceous hyperplasia characterized by confluent yellowish thickening on both central areolar mammae. The case reported by Czarnecke and Dorevitch was a rapidly growing, solitary, flesh-colored nodule, 5cm in diameter, on the forehead. It consisted of numerous sebaceous glands opening to the skin surface through sebaceous ducts. Kudoh et al reported a case of sebaceous hyperplasia manifesting clinically as a large solitary intracutaneous nodule. Moreover Graham-Brown and McGibbon,
Fernandez and Torres,\textsuperscript{10} and Hong et al,\textsuperscript{11} Cho et al\textsuperscript{12} reported cases of linear or zosteriform hyperplasia of sebaceous glands with an age of onset from birth to 32 years. The common findings or lesions were numerous, yellowish, discrete and confluent papules, 2~5 mm in size, grouped in a zosteriform or linear arrangement with histopathology of sebaceous gland hyperplasia. In our case, many linearly arranged 3~5 mm in size, yellowish, soft papules with central umbilication were located on the right forehead, and had been present from birth.

The clinical differential diagnosis of this condition includes other hamartomatous lesions with tendencies to form a linear pattern, like nevus sebaceous of Jadassohn, nevus comedonicus, epidermal nevus and inflammatory diseases like lichen striatus.\textsuperscript{10,11} In considering the differential histopathology, nevus sebaceous of Jadassohn, sebaceous adenoma, sebaceous trichoepithelioma, and adenoma had to be included. Nevus sebaceous of Jadassohn could be excluded on clinical grounds because of the presence of multiple central umbilicated papules and on histologic grounds because there was no papillomatous epidermal hyperplasia, immature hair follicles, or dilated apocrine glands.\textsuperscript{10,12} Just as Grawhan-Brown and McGibbon\textsuperscript{1} and Fernandez and Torres\textsuperscript{6} considered that hyperplasia of sebaceous glands in a linear or zosteriform arrangement was a new peculiar type of sebaceous hyperplasia not previously reported, it is thought that it is a new separate entity.

Cho et al\textsuperscript{11} and Park et al\textsuperscript{14} found a sebaceous lobule lying in a dilated infundibular portion of a gland and suggested that it seemed to represent transfollicular extrusion of sebaceous lobules as a natural phenomenon. In contrast, Mehregan et al\textsuperscript{15} said that compression of the tissue either by forceps or during curettage of the skin lesion may put enough pressure on sebaceous glands to force them out into the canal and to the surface of the skin. On histopathologic examination in our case, we found the sebaceous lobules directly connected to the skin surface, which suggests a transepidermal elimination of sebaceous lobules.

REFERENCES


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Announcement

The third Congress of the European Academy of Dermatovenerology will take place in Tivoli Gardens, Copenhagen, Denmark, on September 26–30, 1993.

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