A Case of Giant Sebaceoma

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Abstract

Sebaceoma is a benign tumor with sebaceous differentiation. It usually presents as a yellowish papule or nodule on the face and scalp. This is a report of a 27-year-old-woman who presented with a giant, $6^{cm} \times 4.5^{cm}$ exophytic tumor on her head. Clinically, we considered several diseases; however, the histological and immunohistochemical features matched those of sebaceoma. The lesion was excised and the defect was repaired by a split-thickness graft. *(Iran J Dermatol 2009;12 (Suppl): S23-S24)*

Keywords: sebaceoma, scalp, sebaceous differentiation

Introduction

Sebaceoma is a benign tumor. It usually present as a papule, nodule or plaque on the face or scalp. It is composed of incompletely differentiated sebaceous cells with varying degrees of maturity. Sebaceomas may be sporadic or associated with Muir-torre syndrome, in which they may be multiple and associated with other sebaceous neoplasms and multiple adenomatous polyps [1].

Case Report

A previously healthy 27 year-old woman presented with a giant exophytic ulcerated tumor on her head. She had noticed this lesion since 2 years ago and it had a progressive growth ever since. She was from a deprived village. The patient denied any other symptoms such as headache or vertigo, but she complained of bloody discharge from the eroded surface of the lesion. She had no other organ involvement and her medical history was non-contributory.

Physical examination revealed a giant friable dome-shaped exophytic tumor on head measuring $6^{cm} \times 4.5^{cm}$ (Figure 1). Clinically, we considered several diseases such as basal cell carcinoma, keratoacanthoman and squamous cell carcinoma; so, an incisional biopsy was taken.

Histologically, in the upper and mid dermis, nests of basaloid cells admixed with small sebocytes were present. The small basaloid cells of the tumor outnumbered the mature sebaceous component (Figure 2). No connection with epidermis was seen in this specimen. There was no pleomorphism or mitotic activity. Immunohistochemical study was also performed. The nests showed a strong positivity with Ber Ep4 and a negative reaction with EMA (Epithelial Membrane Antigen).

After the diagnosis of sebaceoma was confirm by histological study, the lesion was excised completely and the defect was repaired with a split-thickness graft .

Other signs of muir-torre syndrome were excluded. Three months after treatment, the patient showed neither recurrence nor other medical complaints.

Discussion

Sebaceoma is a benign sebaceous neoplasm of the skin that was first described by Troy and Ackerman [1]. Sebaceoma and sebaceous adenoma are fairy rare tumors [2]. The majority of the lesions are located in the head and neck region [3]. Less common sites of involvement are trunk, abdomen and back [3]. Involvement of external ear canal is also reported [4].

Most of the reported lesions are papules or nodules but older lesions may form plaques or ulcerate [5]. Sebaceoma may present as a deep nodule or cyst [1,6].

A case of giant sebaceoma on the head of a 43-year-old Japanese woman has been reported [7] but sebaceoma has been never reported as a giant ulcerated exophytic tumor with bloody discharge as in our patient.

Microscopic examination revealed an intradermal tumor of basaloid cells with some

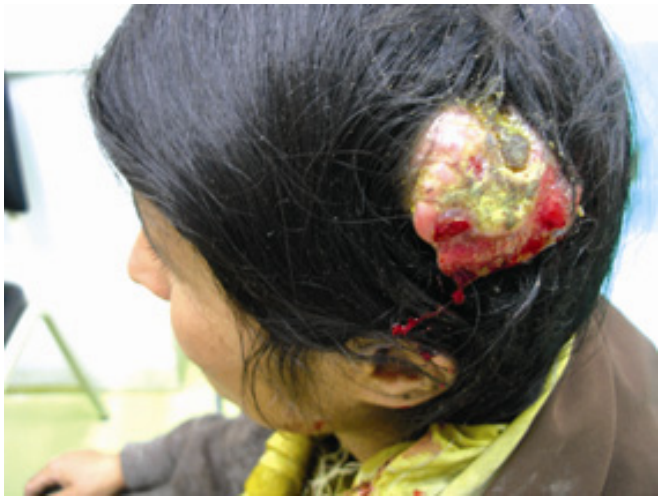

Figure1. *Clinical appearance: A giant exophytic ulcerated tumor*

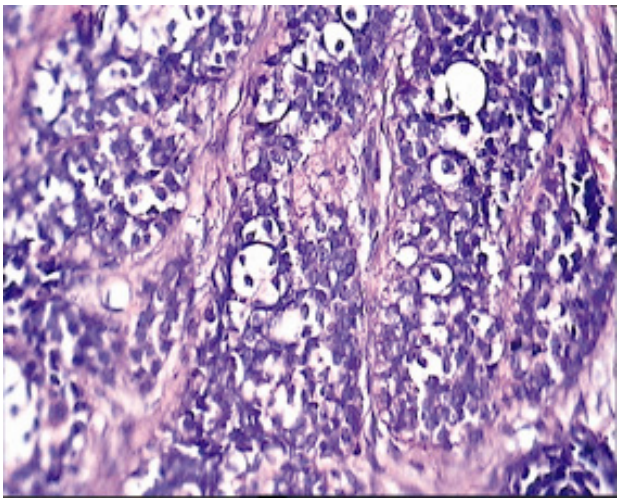

Figure2. *Sebacoma with basaloid and sebaceous cells (Hematoxylin & Eosin 100)*

sebaceous differentiation. Neoplasms with sebaceous differentiation include sebaceoma, sebaceous adenoma, basal cell carcinoma (BCC) with sebaceous differentiation and malignant sebaceous carcinoma.

There are clinical and morphological similarities between sebaceoma and basal cell carcinoma (BCC) with sebaceous differentiation. Fan et al, [3] reported that the use of Ber-Ep4 in combination with EMA (Epithelial Membrane Antigen), both wildly used immunomarkers in histopathology, was helpful in distinguishing sebaceoma from nodular BCC. In our case with the unusual presentation, immunohistochemistry was performed. A strong positive reaction with Ber Ep4 and a negative reaction with EMA confirm the histologic diagnosis of sebaceoma.

It is important to know that the diagnosis of sebaceoma should be made based on the histological pattern of the hematoxylen and eosin (H&E) section. Immunohistochemistry (IHC) study with EMA and Ber Ep4 only helps to distinguish sebaceoma from BCC with sebaceous differentiation if differentiation cannot be made in H&E section. If the diagnosis of sebaceoma is definite according to its histological pattern, it is not necessary to perform IHC studies in every case [3].

Surgical excision is recommended for the treatment of sebaceoma [5]. Although sebaceoma is considered as a benign tumor, Heba Al-Kashnum [8] reported a case of recurrent sebaceoma with malignant transformation which shows that sebaceoma may contain the potential risk of malignant transformation so it is necessary to follow patients, especially those with recurrent sebaceoma.

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