Sebaceous adenoma Nose- A Case Report
MAHARATHI P
Department of CLINICAL PATHOLOGY, MADRAS MEDICAL COLLEGE AND GOVERNMENT GENERAL HOSPITAL

Abstract: Sebaceous adenoma is an uncommon slowly growing benign tumour, predominantly in head and neck region in older individuals. Case History- A 73 year old male came with the history of swelling over the nose near left inner canthus with pain and discharge from the lesion for 2 months. Clinical diagnosis was given as basal cell carcinoma- left inner canthus. Excision biopsy was done. Histopathological examination confirmed the diagnosis of sebaceous adenoma.

Keyword: Sebaceous adenoma, Nose

Introduction: The occurrence of sebaceous adenoma is uncommon. It occurs as a slow growing, pink or flesh coloured solitary nodule, predominantly on the head and neck of older individuals.

Case Presentation: We report a case of 73 year old male who came with a swelling over the nose near left inner canthus with pain and discharge from the lesion for 2 months. On clinical examination, there was a swelling over the nose near the inner canthus of the left eye for which excision biopsy was done. The specimen was subjected to histopathological examination and diagnosis of sebaceous adenoma was made.

Macroscopic: Received a skin covered very tiny white soft tissue fragment measuring 1cc.

Microscopic:
Section studied shows skin with focally thinned out epidermis and underlying dermis showing neoplasm composed of lobules and clusters of sebaceous cells and few basaloid cells. Stroma shows lymphocytic infiltrate and congested vessels. (Figure 1, 2, 3)

Figure 1: Microscopy- H&E Scanner View
Figure 2: Microscopy- H&E 10X
Figure 3: Microscopy-H&E 40X

Discussion: Sebaceous adenoma is an uncommon benign, lobular, organoid tumor composed of fully differentiated sebocytes and basaloid cells. It occurs mostly as solitary lesion in persons older than 40 years. Rarely patients have multiple lesions in which case the possibility of Muir-Torre Syndrome should be considered. The majority are present in head and neck area. Their presence in the oral cavity has also been described. Sebaceous adenomas are usually about 0.5cm in diameter but larger variants have been diagnosed up to 9cm. These are relatively small yellowish tumors often covered by a scale or crust. The tumor is well circumscribed and composed of small lobular aggregations of sebocytes with rim of basaloid cells at the periphery recapitulating the maturation of sebocytes from the periphery to the centre comparable to normal sebaceous glands. The distribution of the basaloid and sebaceous cells within the lobules varies. Some lobules contain mainly sebaceous cells and thereby resembles mature sebaceous lobules. Fat stains on properly preserved specimen reveal the presence of lipid material in the sebaceous cells. The lobules are composed of vacuolated fully differentiated sebocytes which predominate the basaloid sebocytes. Sebaceous adenoma is often connected to the overlying epidermis and covered by a thick plug of keratin. Mitotic figures are rare. All tumors in this class lack stromal infiltration. It can be cured by simple excision.
**Differential Diagnosis:**
- **Sebaceous hyperplasia:** The sebaceous lobules are arranged around a centrally placed follicular infundibulum connected to the epidermis.
- **Sebaceous epithelioma/sebaceoma:** This tumor is composed predominantly of irregularly shaped cell masses and percentage of tumor cells with sebaceous differentiation is less than 50%.
- **Sebaceous carcinoma:** Is invasive and presents with nuclear atypia and asymmetric growth patterns.

**Conclusion:**
Sebaceous adenoma is a relatively uncommon benign sebaceous gland tumor. It resembles basal cell carcinoma clinically. It has to be differentiated from sebaceous hyperplasia & sebaceous carcinoma histopathologically.

**REFERENCES:**
Weedon’s Skin Pathology - Fourth edition.
Rosai and Ackerman’s Surgical pathology - tenth edition.