



SEBACEOMA : A RARE CASE REPORT CLINICALLY DIAGNOSED AS PLEOMORPHIC ADENOMA.

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ABSTRACT

Sebaceoma is a benign tumour of epidermal appendages with sebaceous differentiation also known as sebaceous epithelioma .We report a case of a 31 year old male presented with an exophytic mass on the posterior side of right ear lobule. Histopathology revealed rippled pattern sebaceoma comprising of cells arranged in sheets, cohesive nests and islands mostly comprising of basaloid cells (>50%)with mature sebocytes interspersed in between. The sebocytes appeared as clear cells , some cells multivacuolated with central indented nuclei. The rippled pattern sebaceoma is a histological variant and is seen predominantly in males in the head, neck and face region. The immunohistochemistry markers Epithelial Membrane Antigen (EMA) was focally positive along with Pan-Cytokeratin being strongly positive and diffuse which were confirmatory for the diagnosis.

KEYWORDS : Sebaceoma , Epithelioma , Benign Adnexal Tumour

INTRODUCTION

Sebaceoma is a rare benign adnexal tumor, also called as sebaceous epithelioma. It is a benign tumor of epidermal appendages with sebaceous differentiation.⁽¹⁾

Sebaceoma should be recognised since this benign tumour can be a member of the Muir-Torre syndrome (MTS) spectrum and can develop in any area of the skin that has hair and sebaceous glands.

CASE REPORT

A 31 year - old male presented with a painful swelling over right ear lobule since one year. The swelling progressively increased in size since one year with no history of trauma to the site.

Physical examination revealed 3.0 x 2.5 cm sized firm exophytic mass in the posterior side of the right ear lobule. The overlying skin was slightly hyperpigmented without any skin ulceration or discharging sinus. Local excision of the mass was done on outpatient basis by department of Surgery and was sent for histopathological examination.

On gross examination shows a single, skin covered, soft to firm mass measuring 2.8 x 2.5 x 2.1 cm. Cut section showed a greyish-white nodular lesion measuring 2 x 2 cm with areas of haemorrhage.

Histopathological examination revealed a well-circumcribed, intradermal irregular nodular lesion. The nodules were of variable size and shape with intervening stroma. Most of the nodules showed dual population of cells arranged in sheets, cohesive nests and islands mostly comprising of basaloid cells (>50%) with mature sebocytes interspersed in between. The sebocytes appeared as clear cells , some cells multivacuolated with central indented nuclei. Few areas showed ductules containing intraluminal eosinophilic secretions. Focal areas also showed basaloid cells arranged in rippled pattern giving an appearance of verocay bodies with parallel arrangement of nuclei of individual cells . Also noted were a few mitotic figures.

On immunohistochemistry, Epithelial Membrane Antigen (EMA) was focally positive along with Pan-Cytokeratin being strongly positive and diffuse. S-100 was negative.



Fig 1 : Gross Image Of The Single, Skin Covered, Soft To Firm Mass On The Posterior Side Of The Right Ear Lobule.

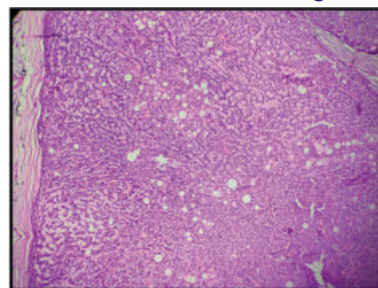


Fig 2 : A Well-circumcribed, Intradermal, Skin Covered Nodular Lesion Showing Basaloid Cells With Interspersed Sebocytes .

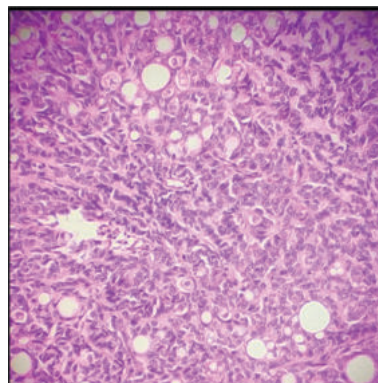


Fig 3 : Histopathological Sections Show Mature Sebocytes , Rippled Pattern Of Basaloid Cells And Duct Like Structure.

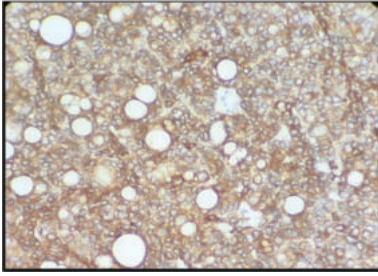


Fig 4 : Immunohistochemistry For Pan-cytokeratin Strong And Diffuse Positive.

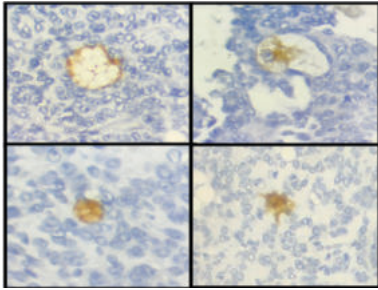


Fig 5 : Immunohistochemistry For Epithelial Membrane Antigen (EMA) Focally Positive .

DISCUSSION

Sebaceoma is a benign non-melanocytic neoplasm, first coined by Troy in 1984. Sebaceoma is found on the nose, face, scalp, and neck. The skin of the auricle contains several types of adnexal secretory glands such as eccrine, apocrine, and sebaceous glands. Sebaceoma is defined as a benign adnexal tumor with microscopic characteristics of a minor population of clear cells with multivacuolated cytoplasm, consistent with mature sebaceous cells (nuclear hyperchromasia with indentations). Sebaceoma can be differentiated histologically from other tumors which may display sebaceous differentiation, such as trichoblastoma, apocrine poroma, and nodular basal cell carcinoma. Unlike sebaceous adenoma, sebaceoma has larger size and depth and lacks structures resembling normal sebaceous lobules.^[1] Rippled-pattern sebaceoma is a histologic variant of sebaceoma and is seen predominantly in males and most frequently on the scalp, whereas sebaceoma without rippled pattern occurs more frequently in females and on the face.^[2]

Many spindle cell tumors, such as basal cell carcinoma, pleomorphic adenoma, dermatofibrosarcoma protuberans (DFSP), myofibroblastoma, and leiomyoblastoma, trichoblastoma can have a rippled-pattern.^[4] Pleomorphic adenoma can be differentiated by the presence of circumscribed lesion, comprising ductular structures lined by epithelial and myoepithelial cells, in a background of myxoid, sclerotic stroma and sometimes cartilaginous stroma.^[7] DFSP can be differentiated by the presence of storiform pattern, grenz zone, fusiform cells with elongated nuclei extending into the subcutis and positivity for vimentin.^[8] Myofibroblastoma is a rare tumor which shows spindle cells, positive for desmin.^[9] Trichoblastomas consist of epithelioid cords, buds, proliferations of follicular germinative centers.^[10] Similarly, leiomyoblastoma can be differentiated by the presence of varied histological cells composed of epithelioid, rhabdoid and large vacuolated cells, spindle cells and positivity for desmin and smooth muscle actin.^[11] Therefore sebaceoma can be differentiated from its other possible differential diagnosis on the basis of histopathology.

CONCLUSION

Sebaceoma is a rare, benign adnexal neoplasm that most commonly presents in the head and neck region. The recurrence is uncommon with treatment being local excision.

The early specific diagnosis of this tumor should be done by histopathological examination, rather than a blanket term of the benign adnexal tumor. Correct and timely diagnosis of a sebaceoma by histopathology is crucial due to its association with Muir-Torre Syndrome and visceral malignancies where further genetic testing and surveillance is required.

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