



SEBACEOUS HYPERPLASIA IN A CASE OF PSORIASIS VULGARIS: A CASE REPORT

Dermatology

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ABSTRACT

Psoriasis is a chronic inflammatory disorder of the skin which generally presents with atrophy of the pilosebaceous unit. We report a case of psoriasis vulgaris presenting with sebaceous hyperplasia, which is a rare entity.

KEYWORDS

Sebaceous hyperplasia, pilosebaceous gland, Psoriasis vulgaris

Introduction:

Psoriasis is an immune mediated inflammatory disorder of the skin. Sebaceous hyperplasia is a benign proliferation of the sebaceous glands. It's concomitant appearance with psoriasis is unusual and needs to be addressed.

Case report:

A 62year old male presented to the skin OPD with complaints of erythematous raised skin lesions over the nasolabial folds and cheeks for the past 8 months. Patient gave a history of pinhead sized dark colored skin lesions 8 months back. He underwent treatment at another hospital for which he was prescribed topical medications. The lesions gradually progressed to the current size and remained asymptomatic. Patient was diagnosed with psoriasis vulgaris 20 years back at a private hospital and treated for the same. Known case of diabetes mellitus and hypertension for the past 6 and 10 years respectively and is under treatment. Patient is a chronic alcoholic and smoker. On examination, few well defined erythematous pigmented scaly plaques of size 2*2cms were seen over the nasolabial folds, cheeks and in front of the tragus. Similar plaques were seen over the elbows, back and scalp. On palpation, the lesions were non-tender and not indurated. Systemic examination was normal. Skin biopsy was taken from the plaque over left cheek, with histopathology revealing epidermis with prominent granular layer and sebaceous hyperplasia.

Discussion:

Sebaceous hyperplasia is an enlargement of the sebaceous glands which is completely benign and presents as asymptomatic, scattered, yellowish or skin-coloured papules commonly on the face, but can also occur on the upper trunk¹. Sebaceous hyperplasia is usually associated with immunosuppression². Biopsy is done to rule out Muir-Torre syndrome³ and basal cell carcinoma and reveals multiple enlarged sebaceous gland lobules surrounding a central dilated sebaceous duct. Treatment is usually only for cosmetic purposes and includes cauterly, cryotherapy, laser⁴, trichloroacetic acid, oral retinoids⁵, cyproterone acetate in combination with oral contraceptives and photodynamic therapy⁶.

Psoriasis is a proliferative and inflammatory condition of the skin which has a number of systemic associations. It presents as erythematous plaques with characteristic silvery white scales commonly on the extensor aspects of the extremities and the trunk. Studies⁷ have shown association of psoriasis with sebaceous gland atrophy which may also involve the entire pilosebaceous unit i.e. arrector pili muscle and hair follicle. Gene down-regulation is thought to contribute to sebaceous gland atrophy.

Studies indicating sebaceous hyperplasia in a case of psoriasis are few and far between and hence this case is of interest.

CONCLUSION:

This case is presented because of the unusual and rare manifestation

as psoriasis usually presents with sebaceous gland atrophy whereas in this case histopathology shows sebaceous gland hyperplasia.

Figure 1: Clinical picture showing erythematous pigmented plaques over bilateral alae of nose

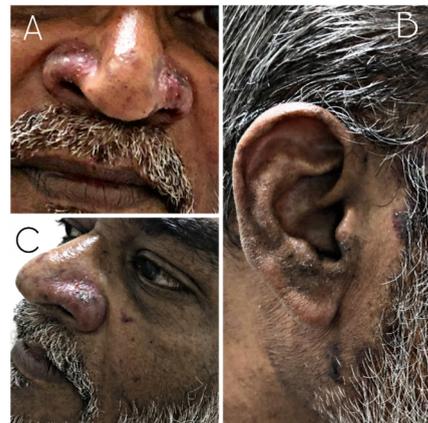
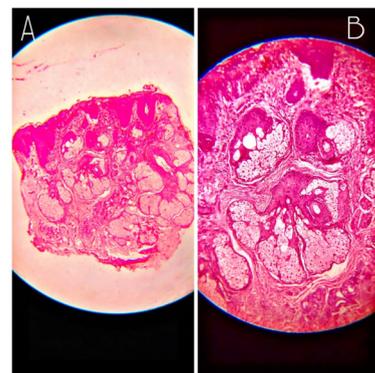


Figure 2: A under scanning view and B under low power showing sebaceous hyperplasia



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