

Images/Instrument in Dermatology/Dermatosurgery

Sebaceoma

Arunachalam Narayanan¹, Nachiappa Ganesh Rajesh², Devinder Mohan Thappa¹

Department of ¹Dermatology and STD, ²Pathology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.



***Corresponding author:**

Arunachalam Narayanan,
 Department of Dermatology
 and STD, Jawaharlal Institute
 of Postgraduate Medical
 Education and Research,
 Puducherry, India.

narayanan359@gmail.com

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A 50-year-old male patient presented with a history of a small, yellowish papule on the right temporal scalp persisting for 5 years. He had undergone an excision biopsy which was reported as squamous cell carcinoma in a private histopathology lab. The patient brought the histopathology block and slide sections to us for second opinion. The slide was reviewed at our hospital with a differential diagnosis of squamous cell carcinoma and benign appendageal tumor. Histopathological examination revealed a well-circumscribed nodule arising from epidermis composed of mature sebocytes with abundant clear cytoplasm and central round nucleus. These sebocytes were admixed with basaloid cells [Figure 1a and b]. There was no evidence of mitosis, dysplasia, or necrosis [Figure 2a and b]. A diagnosis of sebaceoma was made based on the histopathological findings and the patient was reassured regarding the benign nature of the lesion. Sebaceoma usually presents as a deep nodule in the head-and-neck area. The nodule is not clinically distinctive except for a yellow color and requires histopathological examination

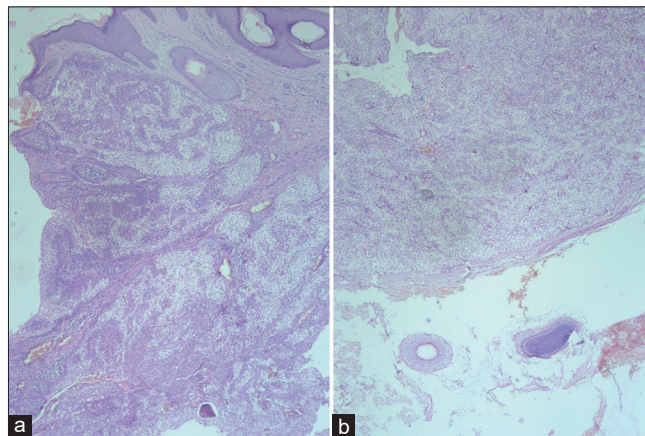


Figure 1: (a) Section shows a well-circumscribed tumor arising from the overlying epithelium. The lesion is comprised of nests and lobules of vacuolated tumor cells admixed with basaloid cells (hematoxylin and eosin stain, ×40). (b) Section highlights the circumscription of the tumor in the deep dermis (hematoxylin and eosin stain, ×100).

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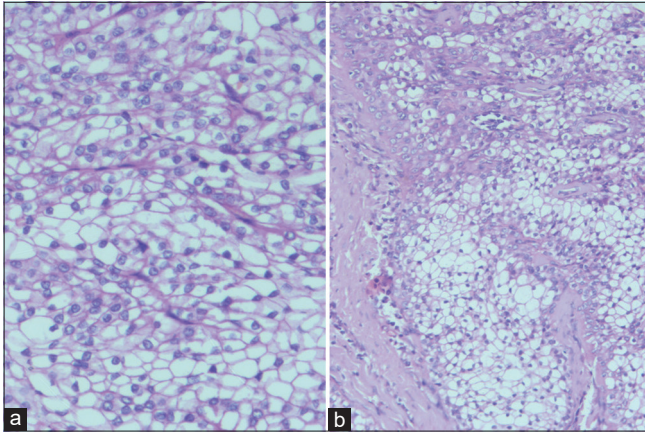


Figure 2: (a) Section highlights the higher magnification of the tumor cells exhibiting no evidence of nuclear atypia or mitotic activity (hematoxylin and eosin stain, $\times 400$). (b) Section highlights the lobular architecture of tumor cells with delicate vasculature and circumscription (hematoxylin and eosin stain, $\times 200$).

for confirming the diagnosis. Often, complete excision of sebaceoma is required to exclude the possibility of basal cell carcinoma with sebaceous differentiation.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Nil.

Conflicts of interest

Devinder Mohan Thappa is the Editor-In-Chief of the journal.

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