

Sebaceous hyperplasia of labium major: Histopathological images

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A 29 year old female presented with swelling in the right labium major for a period of 2 months. Gynaecological examination revealed a soft, non tender, skin covered polypoidal swelling measuring 2 x 2 cms at the right labium major (Fig. 1). An elective excision biopsy was performed. Gross examination showed a skin covered polypoidal tissue with underlying multiple yellow popular areas and with central depression. On microscopy, enlarged sebaceous gland composed of numerous lobules (>4 lobules) grouped around a centrally located sebaceous duct. Most of the sebaceous gland lobules appeared mature (Fig. 2). The cells had vesiculated cytoplasm and central nucleus with no atypical features (Figs. 3a and b). Overlying epidermis did not have any pathological feature. No atypia or necrosis or mitosis was seen. With the morphological features a diagnosis of sebaceous hyperplasia of labium major was made.

Sebaceous glands are present throughout the skin except the palms and soles [1]. Sebaceous hyperplasia is commonly seen in the face and less frequently seen in the chest, ocular caruncle, penis, scrotum and vulva [2]. Though, no definite criteria available for diagnosis of sebaceous hyperplasia, sebaceous gland hyperplasia has been defined as the presence of >4 sebaceous lobules attached to the infundibulum of each pilosebaceous unit [1,3]. Sebaceous hyperplasia of vulva differs from their counterparts arising in the face, by having almost always a polypoidal presentation; larger size and affecting a younger age group [1]. The clinical differential diagnosis includes condyloma acuminata and vulval neoplasms, while the histopathological differential diagnosis includes ectopic sebaceous glands and sebaceous

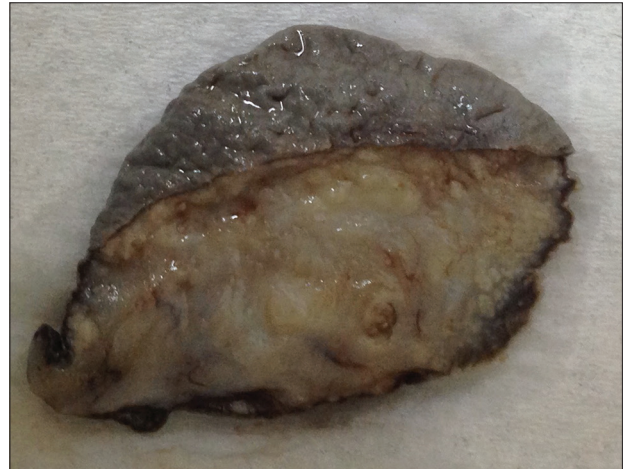


Figure 1: Polypoidal skin covered tissue with underlying yellow papular areas.

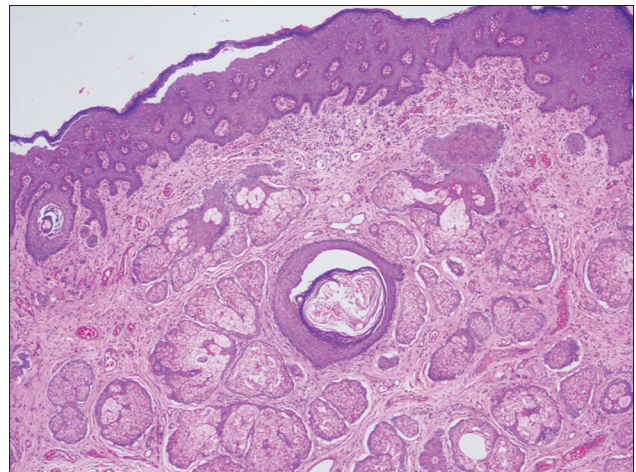


Figure 2: Numerous lobules of sebaceous glands around pilosebaceous unit (H&E x 10).

adenoma [1]. Sebaceous hyperplasia has more than 4 lobules around pilosebaceous units; whereas ectopic

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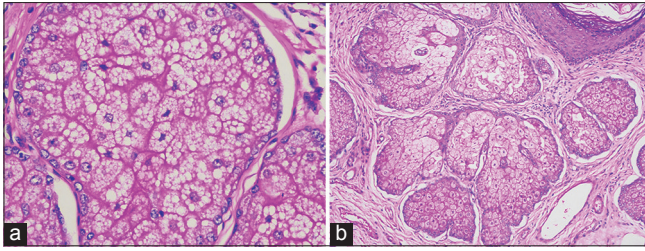


Figure 3: (a and b) Cytologically the cells show vesicula-ted cytoplasm and central nucleus with no atypical features (H&E x 40).

sebaceous glands have sebaceous lobules without attached follicles; sebaceous adenoma has lobules with predominantly basaloid cells with interspersed mature sebacytes [4]. Surgical excision is curative [5], as in our case which had no recurrence after a period of 2 years follow up.

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