

Dermoscopy as an adjuvant tool for the diagnosis of sebaceous hyperplasia

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Sir,

A 56-year-old patient without a significant past medical history was referred to our department for a small nodule on the forehead. Dermatological examination revealed a small umbilicated skin-colored nodule of 5mm located on the forehead (Fig. 1). Dermoscopy of the nodule was performed using Dermlite DL4 revealing aggregated white-yellowish globules in the center with a surrounding crown of vessels (Fig. 2). Combining clinical and dermoscopic findings allowed us to confirm the diagnosis of sebaceous hyperplasia (SH). The lesion was then excised by surgery and histology confirmed the diagnosis of sebaceous hyperplasia.

Sebaceous hyperplasia is a benign adnexal tumor and is the most common proliferative abnormality of sebaceous glands. It is most often located on the face as in our patient [1]. Clinically, it presents as a soft skin-colored small and umbilicated small nodule as in our case. In dermoscopy, we usually see aggregated white-yellowish globules in the center of the lesion with a surrounding crown of vessels. The latter usually present as branching vessels located along the border of the lesion which may extend toward the center but never cross it [1-3]. Arborizing vessels may be rarely seen in this lesion [3]. Dermoscopic vascular patterns of sebaceous hyperplasia are highly specific allowing a rapid diagnosis of this lesion. The main differential diagnosis is nodular basal cell carcinoma (BCC). In fact, in BCC there are branching or arborizing vessels bright red sharply focused and over the central part of the lesion whereas in SH, there are crown-like vessels located around the periphery of the lesion, not passing over the center of the lesion [1].



Figure 1: A small skin-colored umbilicated nodule on the forehead.



Figure 2: Clear visualization of aggregated white-yellowish globules surrounded by crown vessels with dermoscopy (Dermlite DL4) (X10).

In summary, crown vessels embracing multiple central yellowish globules structures seen in dermoscopy are highly typical of SH and are a useful dermoscopic clue

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for the diagnosis of this benign adnexal tumor avoiding unnecessary skin biopsies.

will be made to conceal their identity, but anonymity cannot be guaranteed.

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We would like to thank the patient.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts

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