SEBACEOUS NAEVUS LOCATED IN NASAL CAVITY –
A UNIQUE CASE

ZNAIMI ŁOJOTOKOWE ZLOKALIZOWANE W OBREBIE JAMY
NOSOWEJ – RZADKI PRZYPADEK

Iffat Hassan, Mashkoor Ahmad, Shazia Jeelani

Deptament of Dermatology, STD & Leprosy Govt. Medical College & Associated
SMHS Hospital, Srinagar-Kashmir, India

Corresponding author: Dr. Iffat Hassan

hassaniffat@gmail.com


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Abstract

Sebaceous naevi are congenital hamartomas comprising of sebaceous glands. They usually present at birth or may appear later as single lesion. The morphology of the lesion changes around puberty when it becomes thickened and nodular. Sebaceous naevus has definite potential for malignant transformation in later life therefore prophylactic surgical excision is recommended in childhood. The common sites of occurrence of naevus sebaceus are scalp and face. Involvement of mucus membrane is extremely rare in naevus sebaceous. We report this unusual case of naevus sebaceous located in nasal cavity involving nasal mucosa.

Case report

A 14 year old boy presented with a six month history of an asymptomatic raised lesion at lower part of left nostril. History revealed that there was a yellowish spot at the site of lesion since the age of 3 years which remained unchanged till six month back when it started increasing in size. There was no history of other skin or systemic diseases. Examination revealed a whitish grey plaque (1.5cm x 0.5cm) on medial wall of left nasal cavity extending from outer border of columella into anterior part of mucus membrane of cartilaginous septum (Fig. 1). The surface of outer part of the plaque was micronodular and verrucoid and that of inner part of covered by mucus membrane was smooth. Rest of the examination of oral and nasal cavities was normal. General physical and systemic examination were within normal limits. Neurological, ophthalmological and musculoskeletal examination were normal.
X-ray of facial bones and chest x-ray were normal. A full depth skin biopsy was taken from the outer part of the lesion with a 4mm disposable skin biopsy punch and subjected to histopathology. The histopathology revealed papillomatous hyperplasia of the epidermis and numerous mature and immature sebaceous glands and apocrine glands in dermis (Fig. 2). On the basis of history, clinical examination and histopathology, a diagnosis of sebaceous naevus was entertained and surgical excision of the lesion was done in one sitting. There was no recurrence after 8 months of follow up (Fig. 3).

Discussion

The term sebaceous naevus was first described by Jadassohn in 1895 to describe congenital hamartomatous lesion composed predominantly of sebaceous glands. Naevus sebaceus occurs with equal frequency in males and females of all races and are seen in an estimated 0.3% of neonates [5]. The natural history of naevus sebaceus has 3 clinically distinct stages. At birth or in early infancy it appears as hairless, solitary, slightly raised pinkish, yellow, orange or tan plaque. At puberty, the lesion becomes verrucose and nodular and in later life, some lesion may develop various neoplastic changes [6]. The commonest benign tumour developing in naevus sebaceus is syringocystadenoma papilliferum and basal cell carcinoma (BCC) is the commonest malignancy reported [7,8]. In our case histopathology did not show any neoplastic changes.

Naevus sebaceus has predilection for scalp and less commonly occurs on face, neck or on trunk. Naevus sebaceus occurring exclusively in the oral cavity has also been reported [9]. The location of naevus sebaceus in the nasal cavity is a unique presentation in our case and to the best our knowledge it is the first case report of solitary naevus sebaceus involving nasal mucosa. The other differential diagnosis in our case were nasal papilloma, inverted papilloma and fibroma and these were ruled out on the basis of clinical examination and histological findings. The extensive linear form of naevus sebaceus is sometimes associated with neurological, ophthalmological and musculo-skeletal abnormalities and is called linear sebaceous naevus syndrome or organoid naevus syndrome [10]. There was no systemic pathology in our patient.

To conclude we report a unique case of naevus sebaceous located in nasal cavity and thus it should be kept in the differential diagnosis of intranasal lesions.

REFERENCES