

## SEBACEOUS NAEVUS LOCATED IN NASAL CAVITY – A UNIQUE CASE

ZNAMIEŃ ŁOJOTOKOWE ZLOKALIZOWANE W OBRĘBIE JAMY  
NOSOWEJ – RZADKI PRZYPADEK

Iffat Hassan, Mashkoor Ahmad, Shazia Jeelani

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

**Corresponding author:** Dr. Iffat Hassan

[hassaniffat@gmail.com](mailto: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 sebaceus. We report this unusual case of naevus sebaceus located in nasal cavity involving nasal mucosa.

### Streszczenie

Znamiona łojotokowe są wrodzonymi zmianami typu hamartoma, składającymi się z gruczołów łojowych. Zwykle obecne są już przy narodzeniu, lecz mogą pojawiać się także później jako zmiany pojedyncze. Ich morfologia zmienia się w okresie dojrzewania płciowego, kiedy to stają się grubsze i guzkowate. Zmiany tego typu mają stwierdzony potencjał transformacji nowotworowej w późniejszym okresie życia, dlatego też ich profilaktyczne, chirurgiczne usunięcie jest rekomendowane jeszcze w wieku dziecięcym. Najczęstsze miejsca występowania znamion łojowych to skóra głowy i twarzy. Zajęcie błon śluzowych jest bardzo rzadkie w tego typu zmianach. Opisujemy niecodzienny przypadek znamiona łojowego zlokalizowanego w obrębie błony śluzowej jamy nosowej.

**Key words:** mucus membrane; nasal cavity; naevus sebaceus

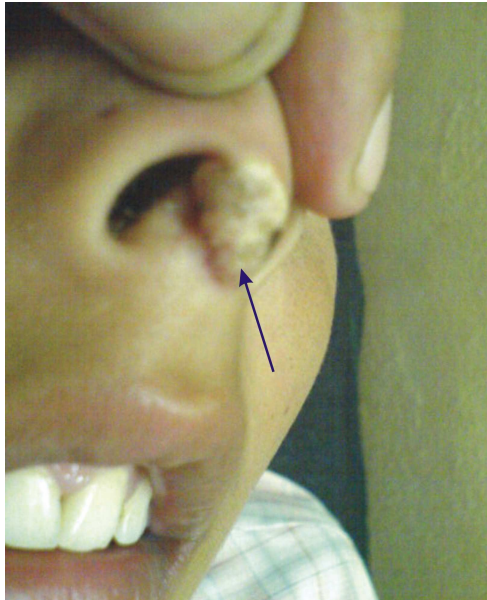
**Słowa kluczowe:** błona śluzowa; jama nosowa; znamień łojowe

### Introduction

Sebaceous naevus or naevus sebaceus is a circumscribed hamartomatous lesion comprised predominantly of sebaceous glands. Majority of the sebaceous naevi occur sporadically but there are reports of familial cases [1]. The lesion usually starts as single plaque at birth or may develop later and remains unchanged until puberty when it becomes thickened and more elevated under the influence of sex hormones [2]. Malignant transformation is a well established complication of sebaceous naevi, however the life time risk is estimated to be less than 5% [3,4]. The majority of sebaceous naevi occur on head and neck favouring scalp, ears, forehead and skin of central part of the face. We report a case of sebaceous naevus located in nasal cavity involving nasal mucus membrane, an unusual site of occurrence.

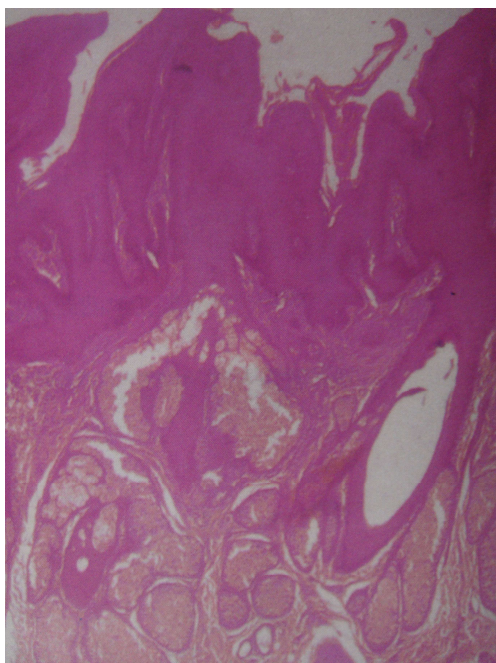
### Case report

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.



**Figure 1. Verrucous micronodular plaque involving Columella and nasal septum**

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 apocrin 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).



**Figure 2. Histopathology showing Papillomatosis of Epidermis. Dermis shows mature and Immature sebaceous glands and apocrine glands (H&E, 100X)**



**Figure 3. Eight months after surgical excision**

### 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 of 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.

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