A Rare Extensive Sebaceous Gland Hyperplasia on a Female’s Face, Successfully Treated with Oral Isotretinoin: A Case Report & Literature Review

Asma Zaidan*, Hanadi Alsatti†, Hassan F. Huwait‡ and Sahal Samarkandy§

King Abdulaziz University, Faculty of Medicine, P.O. Box 80215 Jeddah 21452, Kingdom of Saudi Arabia

*Corresponding author
Asma Zaidan, Medical Student, King Abdulaziz University, Faculty of Medicine, P.O. Box 80215 Jeddah 21452, Kingdom of Saudi Arabia, Tel: +966551609079. E-mail: asmazeidan@hotmail.com

Received: October 29, 2021; Accepted: November 02, 2021; Published: November 08, 2021

Background
Sebaceous gland hyperplasia is a benign cutaneous enlargement and proliferation of the normal sebaceous glands. It is mainly occurs in elderly and in organ transplant patients receiving cyclosporine therapy, it also occurs in peoples with extensive sun exposure and family history of it, which is likely due to its genetic component as people with Muir-Torre syndrome, a rare disease associated with high risk of certain cancers often develop sebaceous hyperplasia. It is clinically characterized by a 2 to 3 mm skin-colored to yellowish or brownish umblicated papules scattered on the forehead, nose, and cheeks [1].

By dermoscope, it appears as whitish to yellowish aggregations with a dilated rim of blood vessels as a “crown” shape, the vessels extend toward the center, and never cross [2]. Biopsy is occasionally indicated to exclude basal cell carcinoma, sebaceous nevus, sebaceous adenoma, sebaceous epithelioma, xanthoma and molluscum contagiosum [1]. Histopathology will show a dome-shaped numerous sebaceous lobules of mature sebocytes, commonly radiating from a central dilated hair follicle [3].

The treatment modalities of sebaceous gland hyperplasia if desired include cryosurgery, shave removal (excision), dermabrasion, electrotherapy, laser therapy. These methods can cause skin discoloration and scarring and consequently undesirable cosmetic outcomes. Systemic isotretinoin has also been successfully used as a treatment of sebaceous gland hyperplasia [1,4].

Sebaceous gland hyperplasia is rarely seen in young & middle-aged patients and those without the known risk factors and rarely be extensive, i.e. involves the whole face. The aim of this paper is to report a case of extensive sebaceous gland hyperplasia in a healthy middle-aged woman successfully treated with systemic isotretinoin.

Case Presentation
A 44-year-old female, known case of type II diabetes mellitus, dyslipidemia, hypothyroidism and iron deficiency anemia, presented to dermatology clinic with multiple asymptomatic skin lesions over almost the entire face and neck area for many years. She has not used any treatment before.

Examination revealed multiple skin colored to yellowish papules over the face and neck some are coalesced, forming plaques (Fig. 1,2). Dermoscopy showed yellowish structures with umblicated center, telangiectatic and dotted vessels seen more clearly in polarized mode, and surface scale seen more clearly in non-polarized mode (Fig. 3,4). Laboratory results were unremarkable including Alanine transaminase (ALT) 17, Aspartate aminotransferase (AST) 16, Gamma-glutamyl transferase (GPT) 22, Triglyceride 1.01, and Cholesterol 4.09.

Figure 1: (Before treatment)
A 4 mm skin punch biopsy was performed and revealed lobules of sebocytes with surrounding infundibulum-like structure (Figure 5), rimmed by compressed layer of small basaloid cells (Figure 6) that confirmed the diagnosis of Sebaceous gland hyperplasia.

The above findings with the clinical presentation concluded a diagnosis of Extensive Facial Sebaceous Gland Hyperplasia.

The patient was then started on oral isotretinoin 30 mg daily for 1 month and showed significant clearance of SGH then dose was decreased to 20 mg due to cheilitis, after 3 months of daily 20 mg of isotretinoin, the lesions had almost completely cleared (Figure 7,8). After that, the patient was maintained on isotretinoin 20 mg daily for 6 months.
Discussion

Sebaceous gland hyperplasia is a benign hypertrophy of the normal sebaceous glands. It is relatively occurring in elderly, increases with sun exposure and seen more in organ transplant patients receiving cyclosporine therapy, and SGH is seen as part of Muir-Torre syndrome’s manifestations. It is clinically appears as a skin-colored to yellowish or brownish umbilicated papules on the forehead, nose, and cheeks 2 to 3 mm in size [1, 5].

By dermatoscopy it appears as aggregated white-yellowish globules or structures (cumulus sign) surrounded by crown vessels (Groups of branching blood vessels that extend towards the center without crossing) with a central umbilication. Biopsy is rarely indicated to exclude other differential diagnosis. Histopathology shows Expansion of normal lobular sebaceous gland architecture without thickening of peripheral germinative layer of seboblasts commonly radiating from a central dilated hair follicle [1-3].

SGH can significantly influence psychosocial functioning and it is challenging to treat. Treatments available for sebaceous gland hyperplasia are mainly surgical, including cryosurgery, shave and conventional excision, dermabrasion, electrodessication, topical photodynamic therapy and laser therapy. However, these methods can lead to skin discoloration and scarring and consequently undesirable cosmetic outcomes [1].

Isotretinoin has been reported to be an effective treatment for sebaceous hyperplasia. It’s effectiveness in treating sebaceous hyperplasia is due to its ability to decrease the size and the function of sebaceous gland, prevent basal sebocytes proliferation, suppress sebum production and Inhibit sebocytes differentiation. We found one report of a 57-year-old Caucasian female with a prolonged history of refractory sebaceous hyperplasia on her face. Isotretinoin was found to be an effective alternative therapy [4, 7].

Another report of Successful treatment with oral isotretinoin in two patients with cyclosporine-induced sebaceous hyperplasia post renal transplant one was 36 years old Man, he developed multiple SGH over 5 months 15 years after renal transplant and was on cyclosporine therapy for 15 years after diagnosing him with SGH he received oral isotretinoin 10mg daily, and the lesions were almost completely cleared after 3 months of treatment, side-effect of treatment was only mild cheilitis. The patient then maintained on daily isotretinoin 10mg dose. The other case was 45 years old man with multiple SGH diagnosed Following cyclosporine therapy for 9 years, first the lesions were unsuccessfully treated with fine-needle diathermy. Although cyclosporine was discontinued, his skin lesions became more prominent and numerous. He was started on Oral isotretinoin 20mg daily, almost complete clearance of the lesions occurred after 1 week of treatment, and complete resolution after 4 months of treatment. Then continued on 20mg daily maintenance treatment. And another case report of a Successful treatment with oral isotretinoin in Premature sebaceous gland hyperplasia [5, 6].

Conclusion

Systemic isotretinoin is a noninvasive treatment for SGH, conclusively our case provides support for the effectiveness of systemic isotretinoin on the treatment of Extensive sebaceous hyperplasia in a healthy middle-aged woman.

References


Copyright: ©2021 Asma Zaidan, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.