CASE REPORT

Nevus Sebaceous Accompanying Secondary Neoplasms and Unique Histopathologic Findings

Jae-Hong Kim, M.D., Hwa-Young Park, M.D., Sung Ku Ahn, M.D., Ph.D.

Department of Dermatology, Yonsei University Wonju College of Medicine, Wonju, Korea

Nevus sebaceous (NS) is a type of classical nevus or congenital malformation that is often present at birth and commonly involves the scalp or face. The lesion usually presents as a linear, yellow, hairless, and verrucous plaque. It has been well-established that several benign and malignant tumors can develop from the NS; however, there have been no reports about ectopic fat cells in the dermis, and cornoid lamella arising from the NS. We report a case of NS on the scalp with accompanying unusual histopathologic findings. (Ann Dermatol 23(S2) S231 ∼ S234, 2011)

Keywords-
Cornoid lamella, Ectopic fat cell, Nevus sebaceous, Secondary neoplasms

INTRODUCTION

Nevus sebaceous (NS) is a congenital hamartomatous disorder that commonly involves the scalp or face. The lesion usually presents as a linear, yellow, hairless, and verrucous plaque, characteristically evolves, and changes in morphology with time. It has been well-established that various types of appendageal tumors develop secondarily within lesions of NS. A 78-year-old female patient presented with a 3×5 cm solitary, yellow, verrucous plaque on the scalp. On histopathologic examination, syringocystadenoma papilliferum and a trichoblastoma-like lesion arising from the NS were observed. In addition, there were fat cells in upper dermis and cornoid lamella. These findings arising from NS have been rarely reported in the dermatologic literature. We report a case of NS with unusual accompanying findings and give a brief review of the relevant literature.

CASE REPORT

A 78-year-old female presented to the department of dermatology for evaluation of a scalp lesion. Since birth, she had a solitary 3×5 cm yellow, verrucous plaque on the scalp (Fig. 1). She had no family history of similar lesions and had no previous relevant medical history, including history of local trauma or previous surgeries to that site. She only complained of mild tenderness in the area of the lesion. The lesion was completely excised for diagnosis.
Fig. 2. Histopathology of the yellow, verrucous plaque. Hyperkeratosis, irregular acanthosis, and papillomatosis were present in the epidermis. Incompletely differentiated hair structures were in the dermis (H&E, ×12.5).

Fig. 3. (A) Cystic invagination extended downward from the epidermis (H&E, ×40), which was diagnosed as a syringocystadenoma papilliferum. (B) There was a parakeratotic column overlying the trichoblastoma-like lesion, resembling the cornoid lamella of porokeratosis (H&E, ×40). (C) There were fat cells in upper dermis (H&E, ×40). (D) The basaloid epithelial proliferation showed PAS negative finding (PAS, ×100).

and treatment.
On histopathologic examination, the epidermis showed hyperkeratosis, irregular acanthosis, and papillomatosis. Incompletely differentiated hair structures, which are typical features of nevus sebaceous, also were observed in the dermis (Fig. 2). On the basis of clinical and histopathologic findings, the lesion was diagnosed as a NS. In addition, there was cystic invagination extending downward from the epidermis within the lesion. Papillary projections, lined by two rows of cells, extended into the lumen in the lower portion of the invagination (Fig. 3A). From these findings, the cystic invagination was diagnosed as syringocystadenoma papilliferum. Moreover, basaloid epithelial proliferations, trichoblastoma-like lesions that showed PAS negative arising from the NS were observed (Figs. 3B, D). There was a parakeratotic column overlying the trichoblastoma-like lesion, resembling cor-