

Nevus Sebaceous of Jadassohn: A Case Report

Abdullah Al Saleh

King Saud bin Abdulaziz University for Health Sciences, College of Medicine, Riyadh, Saudi Arabia

Abstract: *Nevus sebaceous of Jadassohn are congenital hamartomas comprising sebaceous glands. They usually present at birth or may appear later as a single lesion, and they have the potential to undergo malignant transformation in later life. Therefore, prophylactic surgical excision is recommended in childhood. Sebaceous nevi of Jadassohn commonly occur on the scalp and face. Here, I report the case of a 12-year-old girl who presented with a skin-colored swelling on her cheek that had been present since birth, which was diagnosed as a case of nevus sebaceous of Jadassohn. Prophylactic surgical excision was then performed.*

Keywords: Nevus sebaceous, Jadassohn, hamartoma, sebaceous glands, carcinoma

1. Introduction

Sebaceous nevi or nevus sebaceous is a well-defined hamartomatous lesion that is comprised predominantly of sebaceous glands. Most sebaceous nevi occur sporadically but some familial cases have been reported [1]. The lesion usually starts as an isolated plaque at birth or it may develop later and remain 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 nevi; however, the lifetime risk is estimated to be less than 5% [3, 4]. Most sebaceous nevi occur on the head and neck, favoring the scalp, ears, forehead, and skin of the central part of the face. They occur slightly more frequently in females compared to males [5].

2. Case Report

A 12-year-old girl was seen at the Pediatric Clinic of the National Guard Comprehensive Specialized Clinic in Riyadh, Saudi Arabia. She presented with an asymptomatic raised thick lesion that was located on the right cheek and had been present since birth. There was no history of other skin diseases. Her medical history revealed a left ectopic kidney, with regular follow up with a pediatric nephrologist. Physical examination revealed multiple skin-colored papules in a linear pattern over the right cheek (Fig.1). There was no evidence of ulceration, bleeding, or regional lymph node enlargement. Systemic physical examination results including blood pressure, neurological, ophthalmological, and musculoskeletal examination were normal. The patient was referred to a plastic surgeon who excised the lesion, which was sent for histopathological examination. The histopathology revealed papillomatous hyperplasia of the epidermis and numerous mature and immature sebaceous and apocrine glands in the dermis. Based on her history, clinical examination and histopathology, a diagnosis of sebaceous nevus was made.



Figure 1: Multiple skin-colored papules in a linear pattern over the right cheek

3. Discussion

The term sebaceous nevus was first described by Jadassohn in 1895 to describe congenital hamartomatous lesions that are composed predominantly of sebaceous glands. Sebaceous nevi occur in males and females of all races and are seen in an estimated 0.3% of neonates [6]. The natural history of sebaceous nevus has three clinically distinct stages. At birth or in early infancy, it appears as a hairless, solitary, slightly raised pinkish, yellow, orange, or tan plaque. At puberty, the lesion becomes verrucous and nodular and in later life, some lesion may develop various neoplastic changes [7]. The most common benign tumor that develops in sebaceous nevi is syringocystadenoma papilliferum, and basal cell carcinoma (BCC) is the most common malignancy reported [8, 9].

4. Conclusion

Nevus sebaceous of Jadassohn should be considered in any adolescent patient who presents with a verrucous skin lesion. I also suggest early excision of nevus sebaceous of Jadassohn because there is evidence of malignant changes that occur even in childhood.

References

- [1] Sahl WJ: Familial nevus sebaceous of Jadassohn: occurrence in three generations. *J Am Acad Dermatol* 1990; 22: 853-854.
- [2] Hamilton KS, Johnson S, Smoller BR: The role of androgen receptors in the clinical course of nevus sebaceous of Jadassohn. *Mod Pathol*. June 2001; 14: 539-542.

- [3] Kumar K, Garg RK: Naevussebaseus of Jadassohn. Indian J Dermatol Venereol Leprol 1973; 39: 5-9.
- [4] Goldstein GD, Whitaker DC, Argenyi ZB, Bardach J: Basal cell carcinoma arising in naevussebaseus during childhood. J Am Acad Dermatol 1988; 18: 429-430.
- [5] Serpas de López RM, Hernández-Pérez E. Jadassohn's sebaceous nevus. J Dermatol Surg Oncol 1985; 11(1): 68-72.
- [6] Alper J, Holmes LB, Mihm MC: Birthmarks with serious medical significance: nevocellular nevi, sebaceous nevi and multiple café-au-lait spots. J Pediatr 1979; 95: 696-700.
- [7] Chen MJ, Chan HL, Kuan YZ: Nevus sebaceous – a clinicopathological study of 104 cases. Chang Keng I Hsueh Tsa Chih 1990; 13: 199-207.
- [8] Cribier B, Scrivener Y, Grosshans E: Tumors arising in naevussebaseus: A study of 596 cases. J Am Acad Dermatol 2000; 42: 263-268.
- [9] Baykal C, Buyukbabani N, Yazganoglu KD, Saglik E: Tumors associated with naevussebaseus. J Dtsch Dermatol Ges 2006; 4: 28-31.