Sebaceous Hyperplasia

Sebaceous hyperplasia is a common and benign proliferation and enlargement of normal sebaceous glands. This condition affects approximately 1% of the general population. Although sebaceous hyperplasia can occur in individuals of all races, it is more commonly observed in White patients. The condition is seen mainly in middle-aged and elderly individuals, with a slight male predominance. Premature sebaceous hyperplasia, on the other hand, occurs mainly during or soon after puberty without gender predominance. Transient sebaceous hyperplasia is not uncommon in newborns, which may result from exposure to maternal sex hormones. Other predisposing factors include reduction in androgen levels with advancing age, increased ultraviolet light exposure, immunosuppression, hemodialysis, pachydermatosis, Muir-Torre syndrome, and X-linked hypohidrotic ectodermal dysplasia.

Sebaceous hyperplasia usually presents as an asymptomatic solitary papule or, more commonly, as multiple discrete, yellow or flesh-colored, dome-shaped papules with central umbilication.

Figure 1. Sebaceous hyperplasia usually presents as an asymptomatic solitary papule or, more commonly, as multiple discrete, yellow or flesh-colored, dome-shaped papules with central umbilication.

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EDITOR’S NOTE:
This article is part of a series describing and differentiating dermatologic lumps and bumps. To access previously published articles in the series, visit https://bit.ly/3SJ11tV.
umbilication surrounded by a well-defined, milky-white cloud-like structure ("cumulus sign"). This is also known as the "bonbon toffee sign," as this feature simulates a bonbon toffee. Arborizing blood vessels (blood vessels with multiple tree-like branches) and nonarborizing and "wreath-like" blood vessels at the periphery of the lesion ("crown vessels") can also be seen. Sometimes the ostium of the sebaceous gland is visible as a small crater or umbilication in the center of those yellow nodules. Reflectance-mode confocal microscopy shows enlarged sebaceous lobules consisting of cuboidal cells with centrally located nuclei and a dilated sebaceous duct. A skin biopsy should be considered if the diagnosis is in doubt, since basal cell carcinoma can occasionally mimic this lesion.

Seborrheic Keratosis

Seborrheic keratosis is a common benign cutaneous tumor composed of epidermal keratinocytes, seen mainly in people older than age 50 years. Seborrheic keratosis is more prevalent among individuals with lighter skin color. The sex ratio is approximately equal. Characteristically, the lesion presents as an asymptomatic, sharply demarcated, round or oval plaque with a "stuck on" warty appearance (Figure 2). It is typically light to dark brown in color but may be yellow, grey, or even black. At times, lesions may appear oily, waxy, and shiny, hence giving rise to the misnomer "seborrheic" (greasy) keratosis. Lesions can be solitary or numerous. Seborrheic keratosis can appear almost anywhere on the body but spares the palms, soles, and mucosal surfaces. Sites of predilection include the face, scalp, chest, back, and extremities.

Occasionally, the lesion may bleed or become painful or itchy because of friction with clothing. Rarely, seborrheic keratosis occurs in association with other cutaneous neoplasms, notably basal cell carcinoma. The occurrence of seborrheic keratosis in association with squamous cell carcinoma, Bowen disease, kerato-
acanthoma, and malignant melanoma has also been described.\textsuperscript{19} It is unclear whether these tumors develop directly from seborrheic keratosis or whether, more likely, the lesions appear coincidentally because of advanced age.\textsuperscript{15}

Many authors suggest that the sudden eruptive appearance of numerous seborrheic keratoses, especially on the trunk (Figure 3), may herald the presence of an internal malignancy, in particular adenocarcinoma of the gastrointestinal tract (Leser-Trélat sign).\textsuperscript{20-22} Some authors, however, disagree.\textsuperscript{23} On the other hand, this association appears to be even stronger in the presence of concomitant pruritus and acanthosis nigricans.\textsuperscript{26}

Dermoscopy is a noninvasive diagnostic tool to confirm the clinical diagnosis. The most common dermoscopic features include comedo-like openings, milia-like cysts, fingerprint-like structures, fissures and ridges, hairpin blood vessels, moth-eaten border, network-like structures, and sharp demarcation.\textsuperscript{14,24,25} When the contact dermoscope is moved horizontally over the lesion, the lesion typically because of advanced age.

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