

## Sebaceous Gland Prominences: A Benign Facial Entity Diagnosed with Dermoscopy

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### CASE DESCRIPTION

A series of five consecutive patients who presented with facial papules were analyzed. The lesions were asymptomatic. All the patients denied any preceding history of topical or oral medication. The lesions were of cosmetic concern to the patients. There were three males and two females with a mean ( $\pm$ SD) age of 18.2 ( $\pm$ 1.3) years. The mean ( $\pm$ SD) duration of the lesions was 2.6 ( $\pm$ 0.5) years. There were no co-existing features of sebaceous hyperactivity in any of the five patients.

On examination, multiple, small papules (0.5 to 1 mm in size) were noted located predominantly under the medial aspect of lower eyelids and encroaching over the nasal bridge (**Fig. 1**). The lesions varied from few (5-10) to up to 30 in one girl. Dermoscopic examination was done with a USB Dermatoscope (Dinolite AM413ZT; polarising; 20-220x). The images were saved for detailed analysis. The lesion was assessed using Toggle test i.e initial non-polarized view followed by polarized view of the same lesion. Non-polarized view revealed these lesions as shiny papules (**Fig. 2a**). Polarized dermoscopy showed the presence of regular and well-defined dots (suggestive of normal eccrine openings) and yellowish, discrete lobules (suggestive of sebaceous glands). At places, these lobules coalesced to form ill-defined larger yellowish areas (**Fig. 2b**). Underlying erythema was visible which was possibly owing to the thin skin under the eyelids.

### DISCUSSION

Sebaceous gland prominences are a commonly encountered but often overlooked entity in dermatology clinics. They are seen as numerous, asymptomatic, skin-colored,

barely perceptible papules around the lower eyelids, though they may involve other facial regions as well.<sup>1,2</sup> At times they may even involve the bridge of the nose. The cosmetic concern prompts patients to seek dermatologic consult. The common differential diagnoses include syringomas, milia, eccrine hidrocystoma and trichoepithelioma. Clinical differentiation may not always be possible. Additionally, invasive procedures like skin biopsy need to be avoided in view of cosmetic concerns. The diagnostic features seen on dermoscopy can help avoid invasive histopathological diagnosis, which is of utmost importance in this sensitive area.

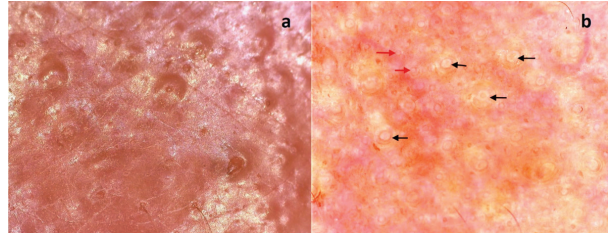
Sebaceous prominences are a common occurrence in the infra-orbital area, which if very prominent, need to be differentiated from syringomas and milia, which themselves are common in this area. Differentiating these by biopsy and histopathology entails the risk of scarring. Dermoscopy, especially toggle test, helps to differentiate these lesions easily.<sup>3</sup> Syringomas appear as shiny, stretched, elevated lesions on non-polarized dermoscopy (as opposed to sebaceous hyperplasia which shows umbilication on the surface); while on polarized view, they show homogenous, brown pigmentation with white dots (eccrine gland openings) and dark brown pigment network at the periphery (**Fig. 3**).<sup>4</sup> Milium, on the other hand appears as a whitish to slightly bluish, well-defined lesion (non-polarized view) and polarized view shows pearly-white ill-defined homogenous area with /without vessels and peripheral brown pigmentation (**Fig. 4**). Thus, dermoscopy can help differentiate these common differentials in this sensitive location. Through this report we intend to describe the diagnostic dermoscopic features which may be helpful in ambiguous cases.

**KEY LEARNING POINTS**

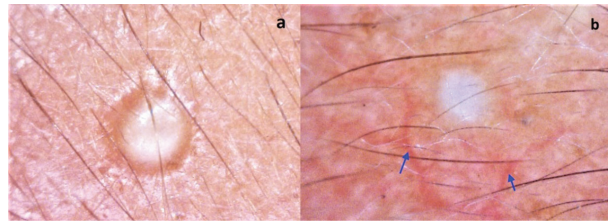
- Sebaceous gland prominences on facial skin may need to be differentiated from lesions like syringomas, milia etc. Dermoscopy can be useful in this differentiation.
- Dermoscopy of sebaceous gland prominences shows dots (suggestive of normal eccrine openings) and yellowish, discrete lobules (sebaceous gland).



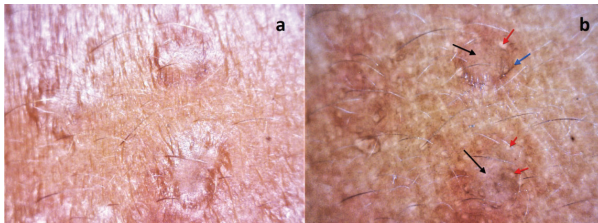
**Fig.1** Skin colored pin-point, grouped papules under the lower eyelid.



**Fig. 2** Dermoscopy of sebaceous prominences (a) Non-polarized view showing shiny follicular papules; (b) “Toggling” to polarized dermoscopy shows small regular eccrine dots (red arrow), larger yellowish lobules (black arrow) [Dinolite AM413ZT; 50X]



**Fig. 4** Dermoscopy of milia (a) Non-polarized dermoscopy showing pearly white papule with central depression (b) “Toggling” to polarized dermoscopy shows a pearly white area with peripheral prominent telangiectasiae (blue arrow). [Dinolite AM413ZT;50X]



**Fig. 3** Dermoscopy of syringoma (a) Non-polarized dermoscopy showing shiny, stretched elevated lesion; (b) “Toggling” to polarized dermoscopy shows a homogenous brown pigmentation (black arrow) with white dots (red arrow) and dark brown pigment network at the periphery (blue arrow) [Dinolite AM413ZT;50X]

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