A Rare Case of Facial Steatocystoma Multiplex

Steatocystoma multiplex (SM) is a rare disorder that manifests with multiple cystic lesions (1). This disorder affecting the two genders to the same extent commonly occurs during adolescence and early adulthood when the sebaceous activity peaks (2). The lesions are mostly observed on the trunk, neck, arms, axilla, the groins and the scalp where the pilosebaceous activity is intense (1). This condition may involve the face together with the body; however, predominant or isolated involvement of the face represents a rare condition (3).

A 47-year-old male patient presented to our outpatient clinic with soft swellings on the face, particularly on the forehead and cheeks. He had not received any treatment for these lesions that had started a year before. The patient was questioned and reported no previous disorders. His family history involved no peculiarity or any family member with similar lesions. Dermatological examination revealed asymptomatic, soft, skin-colored papules and nodules with a smooth surface and explicit borders: 10-15 lesions on the forehead and 6-7 lesions on the left cheek (Figs. 1 and 2). His hair and nails were normal. Complete blood count, erythrocyte sedimentation rate, antistreptolysin-O, serum glucose and aminotransferases were within the normal limits. Chest radiogram was unremarkable. Histopathologic investigation of biopsy materials from the lesions revealed orthokeratosis, cystic formations in the dermis accompanied by degenerated hair inside and keratinous material (Fig. 3). Physical examination and pathological assessment of the lesions revealed findings that were consistent with the diagnosis of SM.

There exist rare cases presenting in age extremes, such as newborn and senile cases (1). Our case had an onset of complaints at age 46, which is relatively advanced compared to the common presenting age of SM.

Clinically, the lesions consist of skin-colored, yellowish or purple cystic papules or nodules with explicit borders and a diameter between 2 and 6 mm without any skin connection (4). These cysts contain white or yellow liquid content of creamy nature and grow slowly. While cystic lesions are mostly asymptomatic, some may be inflamed (4).

While SM may largely manifest lesions on the chest and proximal limbs, the lesions may also occur on the neck, vulva, axilla and the groins. In severe cases, the condition may involve the whole body including the palmoplantar region (4). Facial involvement may accompany SM; however, predominant or isolated facial involvement is rare (3). Involvement of only the face or the scalp is a different form of the disease and is called the facial papular variant of SM (4). Cases localized to the scalp and face are rare, such as the case of a 24-year-old female patient with lesions on the face and in axillary region reported by Albayrak *et al*. (5). Our patient had lesions of SM predominantly on the forehead and cheeks, thus representing a rare case with respect to localization.

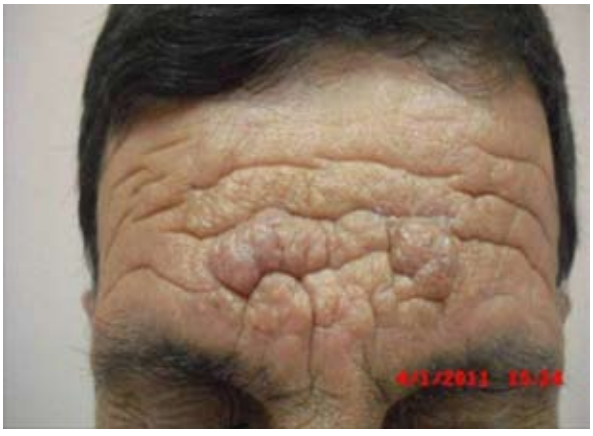

Figure 1. Multiple dermal papules and nodules on the forehead.

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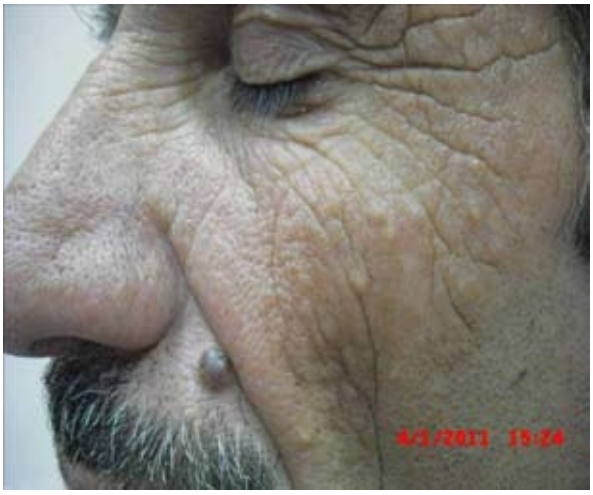

Figure 2. Nodular lesions on the left cheek.

Histopathologic examination of the lesions typically reveals cyst localization in the middle dermis. The wall is made up of thin keratinized epithelium that lacks granular layer (5). Our case had similar histopathology.

Clinical differential diagnosis includes lipomatosis, multiple leiomyomas, neurofibromatosis, glomangioma, blue rubber bleb nevi, xanthoma, cysticercosis, and Gardner syndrome. Widespread and inflamed SM should be differentiated from hydradenitis suppurativa and acne conglobata (2).

Some authors report that eruptive vellus hair cyst (EVHC) could be associated with other hereditary, skin appendage diseases such as SM (4). EVHC and SM are two diseases with similar age at onset and localization but with different histopathologic appearance (6).

In our case, Er:YAG laser treatment was recommended since there were diffuse lesions on the cheek and forehead but the patient refused it.

In conclusion, SM is a rare condition with usual onset in middle ages. It may be sporadic or have genetic background in some cases.

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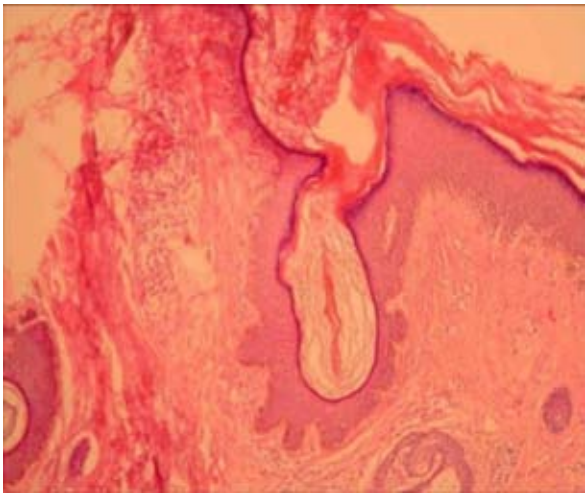

Figure 3. Dermal cyst filled with keratinous material; note eosinophilic layer on the luminal side and neighboring sebaceous glands (X40, H&E).

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