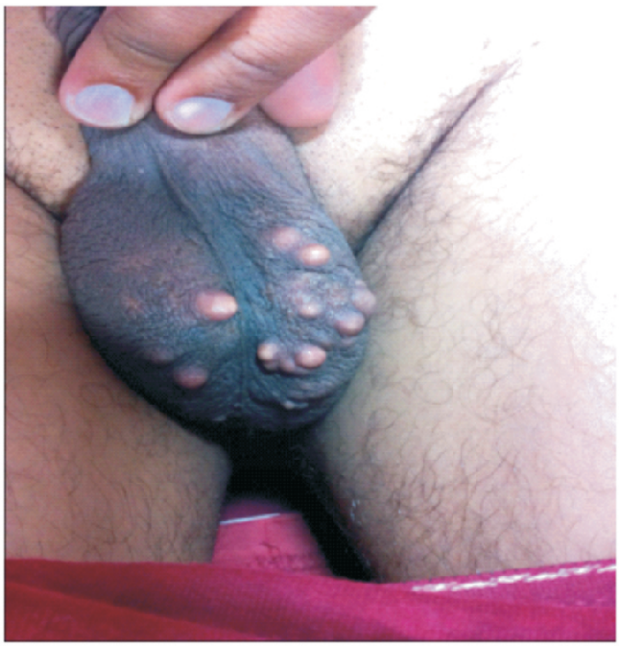
Steatocystoma multiplex- An unusual localized presentation

Sir,

A 32 year old male patient presented to the dermatology department with multiple, asymptomatic yellow coloured lesions over the scrotum since 2 years. The gradual increase in number and the location of the lesions on scrotum caused him great concern. Otherwise he did not report any discomfort, itching or tenderness.

Cutaneous examination revealed multiple round to oval, well defined, smooth-surfaced, yellow to skin coloured, 5-11mm diameter firm papules scattered over the scrotum. There were no similar lesions on other parts of the body. The smaller papules when punctured discharged a whitish greasy material. The larger lesions were yellow and when punctured, discharged a yellow, creamy-to-cheesy material.[1] The regional lymph nodes were not enlarged. A clinical diagnosis of Steatocystoma multiplex was made. Surgical excisions of lesions were done.



Steatocystoma multiplex is an uncommon, inherited disorder that is characterized by multiple, asymptomatic and variably-sized dermal cysts. The condition is transmitted in an autosomal dominant fashion, although sporadic cases have been documented.[1] It begins in adolescence or young adulthood and affects both sexes equally. It usually is present on the trunk and proximal extremities, but lesions may occur on the scrotum, thighs, forearms and back. The lesions lack surface puncta but may exude a creamy or oily fluid when punctured. This condition has been associated with pachyonychiacongenita,

Corresponding Author:
Dr.Shivakumar V,
Professor, Department of Dermatology
Sri Devaraj Urs Medical College,
Tamaka, Kolar - 563101, Karnataka, India.
Email: dermashiva@rediffmail.com
Mobile No: 9886151969

acrokeratosisverruciformis, hypertrophic lichen planus, hypohidrosis, hidradenitissuppurativa, and natal teeth. [2]

Histologically, steatocystomas are mid-dermal cysts lined by an eosinophilic, undulating epithelial lining. Flattened sebaceous lobules are usually present close to or within the cyst wall. Lanugo hairs may be present in the cyst cavity. The cyst lining is thought to be of sebaceous duct origin.[3]

A relationship between steatocystomas and vellus hair cysts has been reported. Steatocystomas share many characteristics with eruptive vellus hair cysts, which include age of onset, genetic mode of transmission, clinical appearance, and distribution.[3] Hybrid lesions with histologic features of both conditions have been described.

It has been suggested that the two conditions may lie along a spectrum of the same disease process and alternatively that the two conditions are distinct based on the expression of different keratins.[4] Lesions of steatocystoma multiplex express keratins 10 and 17 in contrast to eruptive vellus hair cysts which express only keratin 17.[4] The condition poses no threat to a patient's health but is frequently a cosmetic problem. There are only few satisfactory treatment options available. Needle aspiration may decrease the size of lesions for few months. The number and extent of lesions usually precludes surgical excision. Inflamed lesions can be injected with intralesional glucocorticoids or incised and drained. Isotretinoin usually does not eradicate the condition but may be used to decrease the size of suppurative lesions.[5]

REFERENCES:

1) Sardana K, Sharma RC, Jain A, Mahajan S. Facial steatocystoma multiplex associated with pilar cyst and bilateral preauricular sinus. J Dermatol 2002 ;29:157-59.

2) D'Souza P, Joshi A, Gujral S, Ramam M. Linear steatocystoma multiplex. Acta Derm Venereol 1997;77:161.

3) Cho S, Chang SE, Choi JH, Sung KJ, Moon KC, Koh JK. Clinical and histologic features of 64 cases of steatocystoma multiplex. J Dermatol 2002;29:152-63

4) Setoyama M, Mizoguchi S, Usuki K, Kanzaki T. Steatocystoma multiplex: a case with unusual clinical and histological manifestation. Am J Dermatopathol 1997 ;19:89-92.

5) Naik NS.Steatocystoma multiplex. Dermatol Online J 2008;6(1):10.

Source of Support: Nil Conflict of Interest: Nil

Answer to Quiz (Page No. 46)

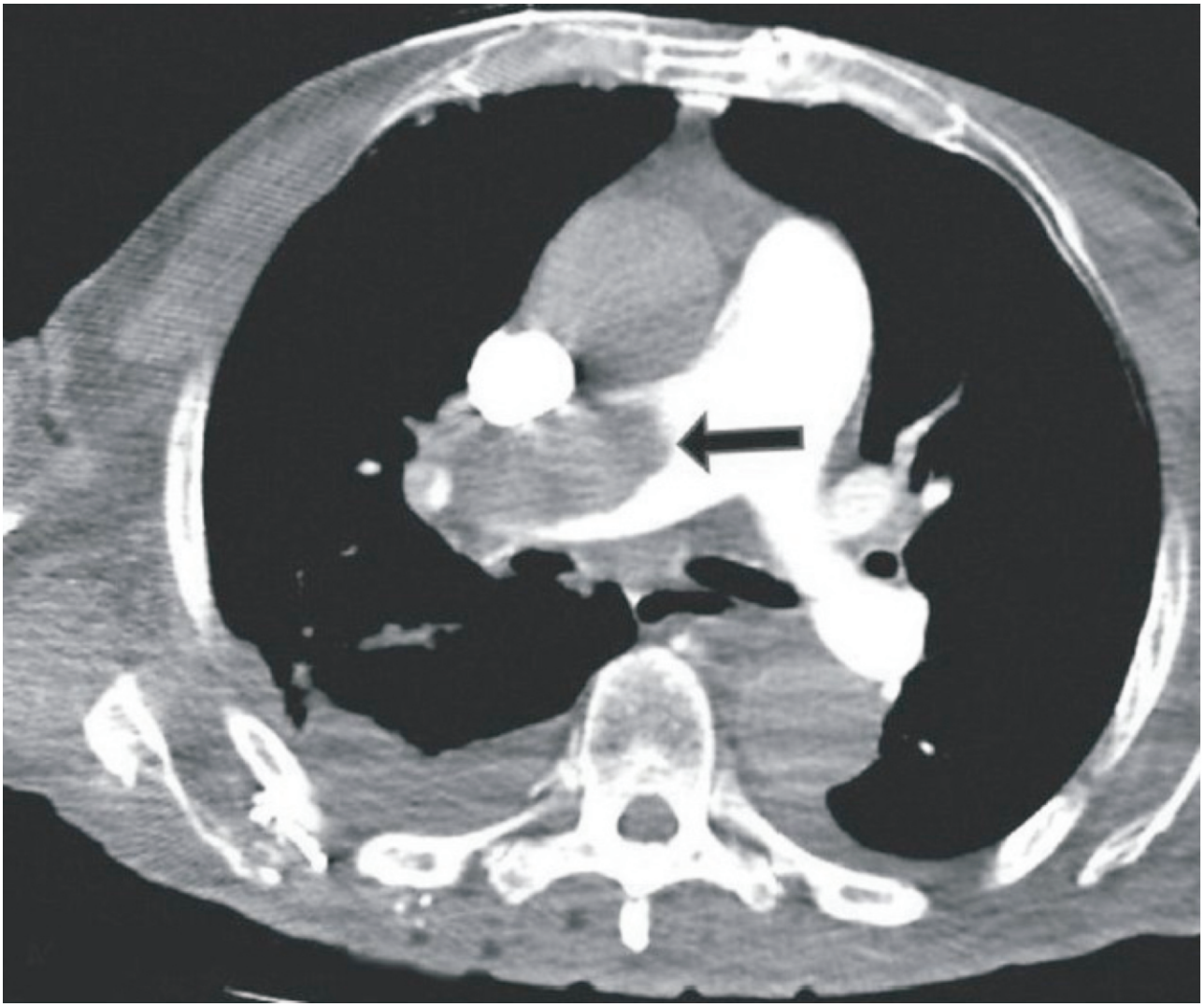
Q .1 Answer : 4. Right ventricular hypertrophy

ECG shows right axis deviation of QRS Complex in the frontal leads. There are few causes of right axis deviation of QRS complex in the adult. Some of them are Right ventricular hypertrophy, Left posterior fascicular block and Dextrocardia. The tall R in V1 and deep S in V6 along with right axis deviation and incomplete RBBB(rsR') indicate Right ventricular hypertrophy. There are also non specific ST-T changes noted.

Q. 2 Answer : 1. Yes

With no previous history suggestive of cardiac or lung disease, such an acute presentation with features suggestive of Right ventricular hypertrophy raises a strong possibility of **Acute Pulmonary Embolism**. A bedside echocardiogram showed enlarged Right Atrium and Right ventricle with a pulmonary artery pressure of 70 mm Hg.

Soon a CT-Pulmonary Angiogram performed confirmed Acute Pulmonary Embolism.



Source of Support: Nil Conflict of Interest: Nil