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A Case of Sebaceous Adenoma in Medial Caruncle of the Eye

Jong-Hwa Jun, M.D.,* Se-Youp Lee, M.D.,* Jin-Hee Kim, M.D.**

Department of Ophthalmology, Radiation Oncology,** Keimyung University, Dongsan Medical Center, Daegu, Korea*

내안누구에 발생한 피지선종 1예

계명대학교 의과대학 동산의료원 안과학교실,* 방사선종양학교실**

전종화* · 이세엽* · 김진희**

= 국문초록 =

피지선종(sebaceous adenoma)은 피지선 분화를 보이는 신생물 중 가장 흔한 종양으로 피지선이 정상적으로 많이 분포하는 안면부, 두피부, 안검부 등에 주로 발생하나 안검에서는 비교적 드물게 발생한다.

피지선종은 피부부속기 종양 중 발생빈도가 아주 낮으며 안면부 중에도 피지선이 많이 분포하는 비부와 협부에 주로 발생하며 종괴 형성으로 인한 이물감이나 소양감, 출혈, 궤양형성등의 증상을 동반한다. Shields 등의 보고에 의하면 내안누구에 발생한 신생물 57예중에서 피지선종은 2예만이 존재할 정도로 극히 드물다고 하였다. Font와 Rishi도 피지선종의 안검 발생에 대하여 상안검과 하안검은 각각 같은 빈도로 발생한다고 하였으며 내안각 피지선종은 단 1예만을 보고하였다.

이에 저자들은 내안누구의 피지선에서 발생한 피지선종을 경험하고 문헌고찰과 함께 그 1예를 보고하고자 한다.

중심 단어 : 내안누구 · 피지선종.

Introduction

A sebaceous adenoma is the most common tumor among neoplasms showing sebaceous differentiation, and occurs frequently in the face, forehead, and eyelids, etc where the sebaceous glands are normally distributed abundantly. However, its appearance in the eyelid is relatively rare[1)2)].

Among skin apparatus tumors, the incidence of sebaceous adenomas is quite low. When it does occur in the face, it primarily occurs in the nose and the cheek, and is accompanied by symptoms such as a foreign body sensation, itching sensation, hemorrhage, ulcer formation, etc. According to Shields and Shields[3)], the condition is very rare to the degree that among 57 neoplasms that developed in the medial lacrimal caruncle, only 2 cases of sebaceous adenoma were encountered. Font and Rishi[4)] reported the development of a sebaceous adenoma that developed in the upper and lower eyelid at the same frequency.

We report a case of sebaceous adenoma that developed in the sebaceous gland in the medial lacrimal caruncle area, with the review of literatures.

교신저자 : 김진희, 700-712 대구광역시 중구 동산동 194
계명대학교 의과대학 동산의료원 방사선종양학교실
전화 : (053) 250-7665 · 전송 : (053) 250-7820
E-mail : jhkim@dsmc.or.kr

Case Report

A 62-year-old male patient visited our hospital with the chief complaint of a tumor that developed in the left medial lacrimal caruncle. A review of his disease history revealed the onset of a palpated a millet-sized mass in the left medial lacrimal caruncle without any special discomfort 2 years

earlier. Four to five months before attending our hospital, the symptoms of foreign body sensation, itching sensation, etc. developed and the mass gradually increased in size.

At the time of the initial diagnosis, the visual acuity of the right and left eye was 0.9 and 1.0, respectively. No particular findings were detected during the eye examination. In the left medial lacrimal caruncle, a tumor measuring 0.5 ×0.4×0.3cm in size with a distinct border with the adjacent tissues was observed. No ulcer or inflammatory changes were detected on the surface(Fig. 1). No pain was detected upon palpation, there was a distinct border with the adjacent tissues, and the tumor was exposed to the lateral side of the eyelid. The physical examination did not reveal any findings suggesting an accompanying neoplasm in the gastrointestinal system, the genitourinary system, and the breast endocrinology system. No special findings were detected in his family history.

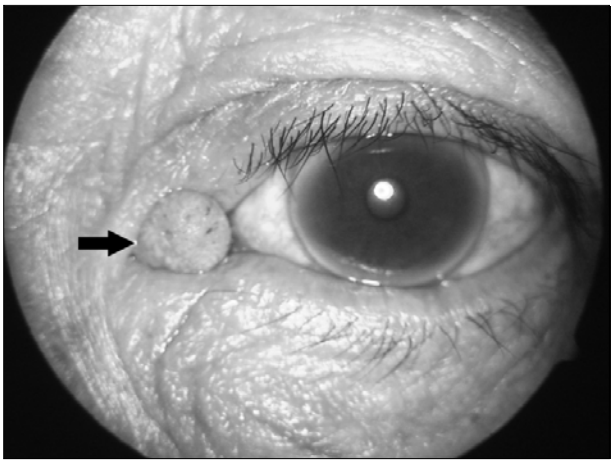

Fig. 1. Well demarcated yellowish white single small nodule(large arrow) in the medial caruncle of the left eye(0.5×0.4 ×0.3cm).

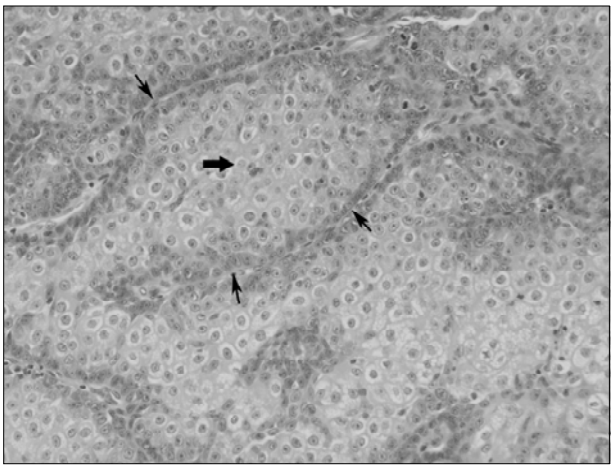

Fig. 2. The sebaceous lobules have a transitional zone between the peripheral germinative layer of small cells(small arrow) and the central mature sebaceous cells(large arrow)(H.E. stain ×200).

An excisional biopsy was performed under the suspicion of a papilloma. The result of pathohistology of the biopsy tissue showed multicentric sebaceous lobules with a distinct border with a compressive of connective tissue septum, and a germinal cell layer in the vicinity of each sebaceous lobule. The germinal cell layer was formed by small cells. Mature sebaceous cells were present in the center area, and a transitional cell layer was detected between them. Therefore, the tumor was definitely diagnosed as a sebaceous adenoma(Fig. 2). An excision biopsy was performed. During the tests performed 2 weeks after surgery at our outpatient clinic, the patient did not experience any complications such as hemorrhage or infection, and there has been no evidence of recurrence.

Discussion

A sebaceous adenoma that develops in the eyelid or the medial lacrimal caruncle is a relatively rare benign neoplasm, and can be confused with chalazion. However, even if misdiagnosed, it rarely causes a poor outcome compared with a sebaceous adenocarcinoma with metastatic potential. Hence, and no special attention has been paid to this condition. Recently, Muir et al[5] reported that the development of a visceral carcinoma, particularly multiple synchronous colonic carcinomata and multiple duodenal calcinomata, was observed in patients who developed multiple cutaneous keratoacanthoma and a sebaceous adenoma. Torre[6] emphasized the association of a multiple sebaceous adenoma and malignant tumors in the internal organs. Hence, the concept of Muir-Torre syndrome was introduced for the first time, and its clinical importance has recently become evident.

In regard to the development site of a sebaceous adenoma, it has been reported that a solitary sebaceous adenoma develops preferentially in the facial area, the forehead area, and the eyelid area, and in the face. It develops most often in the nose or the cheek but is very rare observed in the eyelid. In cases of multiple lesions, sebaceous adenoma occurs most frequently in the trunk. In our case, a solitary sebaceous adenoma developed in the medial lacrimal caruncle[7][8].

According to Rulon and Helwig, the male : female ratio is approximately 2.5 : 1, and is most common in the 6th and 7th decades with a mean age of onset of 60.5 years. However, a sebaceous adenoma has been reported to originate from the nevus of the sebaceous gland, and can develop in young age groups.

Histologically, a sebaceous adenoma shows a pattern some-

where between sebaceous hyperplasia and sebaceous epithelioma, generally has a distinct border with the adjacent tissues, and consists of highly differentiated sebaceous cells. In addition, the lobular architecture is maintained. It shows a pattern of the maturation from the basal germinal cell layer to lipidized sebaceous cells desquamating to the central zone, and it can be diagnosed by the observation of such typical histological findings, as in our case. Hence, the patient was definitely diagnosed with a sebaceous adenoma.

The development of a sebaceous adenoma in the medial lacrimal caruncle is quite rare. Our case was a 62 years old male, which is closer to the mean onset age of 60.5 years. The chief complaints were an itching sensation and a foreign body sensation. However, no hemorrhage or ulcer formation could be detected, and similar findings were observed even in the histological results.

In a solitary benign sebaceous adenoma, there may be accompanying malignant tumors in the internal organs. Finan and Connolly reported that malignant tumors were found in internal organs in 40% of patients with more than one benign sebaceous adenoma, and 51% of patients diagnosed with Muir-Torre syndrome had a solitary sebaceous adenoma. In particular, in 50% of those, the sebaceous adenoma developed before or concurrently with the development of tumors in the internal organs.

In the case of a sebaceous adenoma, it can recur rapidly after a resection due to residual tissues. In such cases, it may show a squamous transformation or the histological result may change to a keratoacanthomatoid structure[9]. Therefore, it is essential to search for evidence of recurrence through a regular follow up. Moreover, the histological structural changes should be examined through an additional excisional biopsy where necessary.

KEY WORDS : Medial caruncle · Sebaceous adenoma.

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