Penile sebaceous adenoma

To the Editor: Sebaceous adenoma is most commonly reported on the head and neck. We report a case of sebaceous adenoma on the penis.

Sebaceous adenoma is an uncommon benign neoplasm of epithelial tissue that typically presents as distinctive yellowish papules less than 1 cm in diameter. Lesions, which may be solitary or multiple, are usually located on the head or neck of older patients.

Multiple sebaceous adenomas are characteristic of Muir-Torre syndrome, in which patients also have sebaceous epitheliomas, multiple keratoacanthomas (often with sebaceous differentiation), and malignant visceral neoplasms. More than half of patients with this autosomal dominantly inherited disorder develop internal malignancies, most commonly colorectal adenocarcinoma.

A 66-year-old man with a history of Waldenström’s macroglobulinemia and lymphoplasmacytic lymphoma was referred for evaluation of a pink, vascular-appearing, pedunculated papule present for more than 2 years on the dorsum of his penis. The lesion appeared 6 months after the start of thalidomide treatment. Colonoscopy was negative for malignancies.

On physical examination, there was a 0.5-cm, pink, pedunculated papule with central hemorrhagic crust on the dorsal penis.

A shave biopsy was performed and histopathologic examination revealed a circumscribed polypoid proliferation of aggregates of sebaceous cells and basaloid cells at the periphery of the sebaceous lobules. Crowded nuclei and rare mitotic figures were evident in the sebaceous cells. A mixed infiltrate was present in the center of the polyp along with focal calcification. The lesion was eroded, possibly because of its exophytic nature and repetitive trauma. The lesion was diagnosed as inflamed polypoid sebaceous adenoma.

Because the exact classification of sebaceous adenoma is unclear, conservative re-excision of the site was performed. At that time only a small, smooth, pink papule remained. No residual sebaceous adenoma was identified on histopathologic examination of the re-excision.

Sebaceous adenomas are well demarcated with irregular lobules within the papillary dermis. Lesions are either small superficial proliferations with mainly sebocytic differentiation, or larger nodular proliferations with predominantly seboblastic differentiation, termed “sebaceomas.” Our case showed predominantly sebocytic differentiation, consistent with superficial sebaceous adenoma.

Nussen and Ackerman contend that “sebaceous adenomas” are actually “sebaceous carcinomas.”
because of predominance of immature sebocytes with crowded nuclei, mitotic figures, and asymmetry. Similarly, Misago and Narisawa\(^5\) claim that the benign sebaceous neoplasms in Muir-Torre syndrome might have a high potential for malignant transformation or may be well-differentiated sebaceous carcinomas with low-grade malignancy. In contrast, Weedon\(^6\) argues that there is little evidence for the contention of Nussen and Ackerman\(^4\) of sebaceous adenoma as sebaceous carcinoma. These differences of opinion reflect the difficulties in classifying sebaceous neoplasms.

Our case is unusual because of both the penile location and the polypoid nature of the lesion. Although multiple sebaceous neoplasms are characteristic of patients with Muir-Torre syndrome, our patient presented with a solitary penile lesion and no evidence of other changes associated with Muir-Torre syndrome thus far. Whether the association in this case between Waldenström’s macroglobulinemia and sebaceous adenoma is incidental or a meaningful connection, we do not know.

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REFERENCES


Extramammary Paget's disease of the scrotum with adenocarcinoma of the stomach

To the Editor: Extramammary Paget's disease (EMPD) is an uncommon neoplasm, usually of epidermal origin and involving glandular differentiation. EMPD is frequently associated with an underlying adnexal or adjacent internal malignancy. However, there has been a limited report about an association with malignancy of a distant internal organ.\(^1\) We report EMPD of the scrotum with adenocarcinoma of the stomach.

A 71-year-old man presented with a 3- × 4-cm, erythematous, well-demarcated, eczematoid plaque with some crusting and scaling involving the penis and scrotum that had been present for approximately