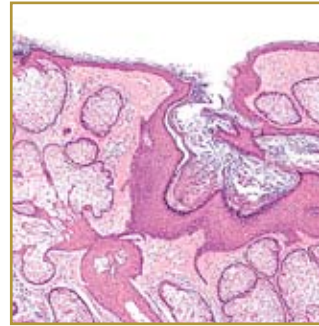


## SEBACEOUS HYPERPLASIA



**EPIDEMIOLOGY:** 1% of the healthy population, 10-16% in patients receiving long-term immunosuppression with cyclosporin A in the United States

**ETIOLOGY:** Unknown; Linked to a decrease in the circulating levels of androgen associated with aging

**PATHOGENESIS:** Decrease in cellular turnover results in crowding of primitive sebocytes within the sebaceous gland, causing a benign hamartomatous enlargement of the sebaceous gland, or sebaceous hyperplasia

**CLINICAL:** Whitish-yellow or skin-colored papules that are soft and vary in size

**HISTOLOGY:** Mature sebaceous lobules have one or more basal cell layers at their periphery, with undifferentiated sebocytes that contain large nuclei and scant cytoplasmic lipid

**SEBACEOUS HYPERPLASIA** is a benign condition involving an enlargement of the oil glands on the skin. The lesions are mainly seen in locations where many oil glands are found including the nose, cheeks and forehead. Sebaceous hyperplasia appears as slightly white, flesh or yellow colored papules up to 3 mm in diameter. Researchers believe that sebaceous hyperplasia is caused by a decrease in the circulating levels of androgen associated with aging. Sebaceous hyperplasia has also been linked to individuals on the medication cyclosporin A and in post-transplantation patients. Treatment is not necessary, as the condition is benign; however, lesions can be removed by light cautery, diathermy or laser vaporization.

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