**ABSTRACT**

**Introduction:** Steatocystoma multiplex (SM) suppurativa is an inflammatory variant of SM, a benign hamartomatous disorder of pilosebaceous unit that usually occurs in early adulthood. Treatment responses are often disappointing due to widespread lesions and late diagnosis. This case report aimed to describe a male diagnosed with SM suppurativa to increase the knowledge and management of SM suppurativa.

**Case:** A 23-year-old male came with multiple lumps on his neck, chest, back, and extremities over the last four years. On dermatological examination, yellow to skin-colored papules, nodules, and cysts, 0.3 to 2 cm in diameter, were observed with erythematous-to-hyperpigmented macules and scars over the lesions. Histopathological examination of the lesion showed cysts with pilosebaceous-like lining and sebaceous glands adhered to the cyst’s wall. The patient diagnosed with steatocystoma multiplex SM suppurativa was treated only with a topical antibiotic and corticosteroid.

**Discussions:** Although the histopathological findings showed pathognomonic findings for SM, SM suppurativa was established as the working diagnosis based on the clinical and dermoscopic findings of inflammatory lesions. The biopsy of noninflammatory lesions might cause no sign of inflammation in the histopathological findings.

**Conclusions:** Dermoscopic findings showed a yellow structureless area with diffuse erythematous borders and histopathological findings of a pilosebaceous-like layer with sebaceous glands adhering to the cyst wall and chronic inflammation is the hallmark of SM suppurativa.

**Keywords:** dermoscopy, diagnosis, histopathology, steatocystoma multiplex suppurativa.

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Figure 1. Papules, nodules, and cysts on the arm and chest.

SM suppurativa. Steatocystoma multiplex suppurativa can be secondarily infected and associated with poor compliance and low socioeconomic conditions. The patient visited a hospital after four years because it became a cosmetic concern for the patient. However, the lumps had increased significantly. Multiple yellow to skin-colored papules, nodules, and cysts with erythematous-to-hyperpigmented macules and scars were observed on the neck, trunk, and extremities.

As SM suppurativa can have similar manifestations to pyoderma, nodulocystic acne, infected fibroadenoma, tubercular abscess, and acne conglobate, histopathological examination should be performed to establish the diagnosis. We found pilosebaceous-like lining with sebaceous gland adhered to the cyst’s wall which is pathognomonic for SM. On the other hand, SM suppurativa usually showed chronic or granulomatous inflammation. We did not find this finding, which might be due to a biopsy of a noninflammatory lesion. A dermoscopic examination was also performed. The yellow structureless area represented the sebum inside the cyst, while the diffuse erythematous border represented inflammation. The clinical findings of inflammatory lesions supported the diagnosis of SM suppurativa in this case.

CONCLUSION

Steatocystoma multiplex suppurativa is a rare benign hamartomatous disorder in early adulthood with a manifestation of a longstanding asymptomatic papulonodular lesion. Dermoscopic findings showing a yellow structureless area and diffuse erythematous border and histopathological findings showing pilosebaceous-like lining with sebaceous gland adhered to the cyst’s wall and chronic inflammation are characteristic of SM suppurativa.

ETHICS IN PUBLICATION

The patient received informed consent and agreed to share the clinical image and medical history for educational and publication purposes.

CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

AUTHORS’ CONTRIBUTIONS

Author AR contributed substantially to the work’s conception and data analysis and interpretation. Author IAK

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