CASE REPORT

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Steatocystoma multiplex suppurativa: a case report

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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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INTRODUCTION

Steatocystoma multiplex (SM) suppurativa is an inflammatory variant of SM, a benign hamartoma developing from a pilosebaceous duct. Adolescents or early adulthood often suffer from this disorder without gender predominance. In most cases, the sporadic occurrence can be observed despite being inherited with an autosomal dominant pattern. The incidence of SM suppurativa has not been reported due to its rare occurrence. The treatment's responses are often disappointing due to the widespread lesions, so early diagnosis and correct approach should be conducted to obtain the best outcome.[1] This case report will discuss a case of SM suppurativa in a 23-year-old man.

CASE DESCRIPTION

A 23-year-old man came with lumps on the neck, chest, back, and extremities. The first lump appeared on the arm four years ago. They were yellow-colored, which subsequently turned red-colored. Some ruptured and leaked yellow fluid. The patient did not feel itch or pain. He had never sought medication. There was no similar history in his family. On dermatological examination, there were yellow to skin-colored papules, nodules, and cysts, 0.3 to 2 cm in diameter, on the left side of the neck, chest, lateral aspect of the chest, back, and both arms, with erythematous-to-hyperpigmented macules and scars over the lesions (Figure 1). A dermoscopic examination showed a yellow structureless area with a diffuse erythematous border (Figure 2). Laboratory examination showed hypertriglyceridemia. The histopathological examination showed cysts with pilosebaceous-like lining with sebaceous glands adhered to the cyst's wall (Figure 3). Based on the clinical and histopathological findings, the patient was diagnosed with steatocystoma multiplex suppurativa. There was no specific treatment available. Thus, the patient was treated with topical corticosteroid and antibotic.

DISCUSSION

SM usually appears in early adulthood, with a mean age of 26.[1] Early adulthood is associated with strong hormonal influences that stimulate pilosebaceous activity.[2] Although the familial form is the most common, our patient reported no similar history in his family, pointing to the sporadic form.[1]

The predilections of SM are neck, proximal extremities, trunk, and intertriginous area.[3,4] The diameter of lesions was 3 mm to 2 cm, per the literature, reporting 3 mm to 3 cm. The lesions are usually asymptomatic, as seen in our patient.[2] The lesions were subsequently ruptured and produced a yellow discharge. This showed the progression of SM into

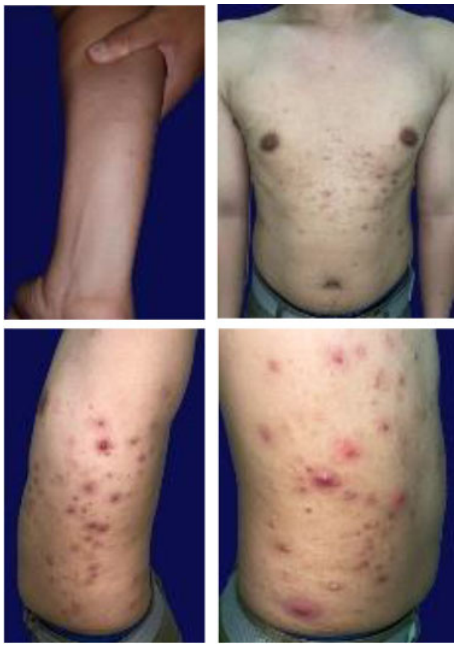

Figure 1. Papules, nodules, and cysts on the arm and chest.

SM suppurativa. Steatocystoma multiplex suppurativa can be secondarily infected and associated with poor compliance and low socioeconomic conditions.[1] 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.[1,2] 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.[2] 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.[4,5] The clinical findings of inflammatory lesions supported the diagnosis of SM suppurativa in this case.

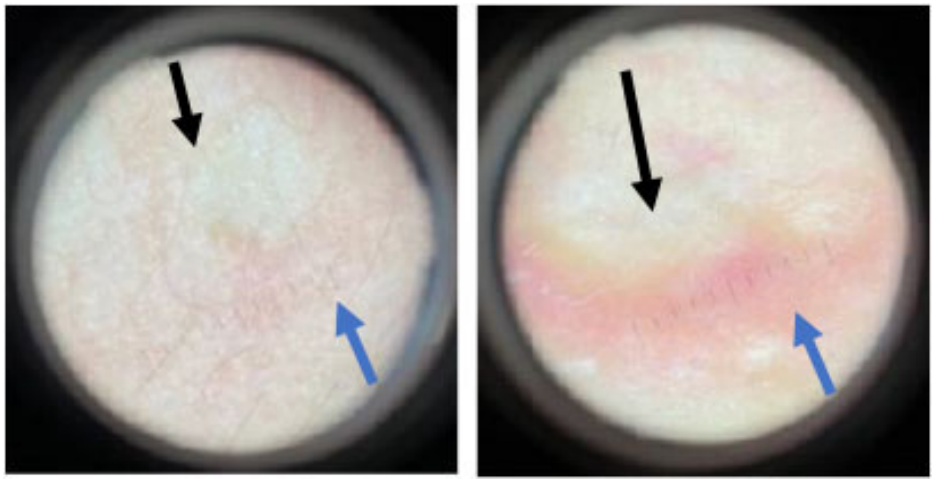

Figure 2. Dermoscopic examination showed a yellow structureless area (black arrow) with a diffuse erythematous border (blue arrow).

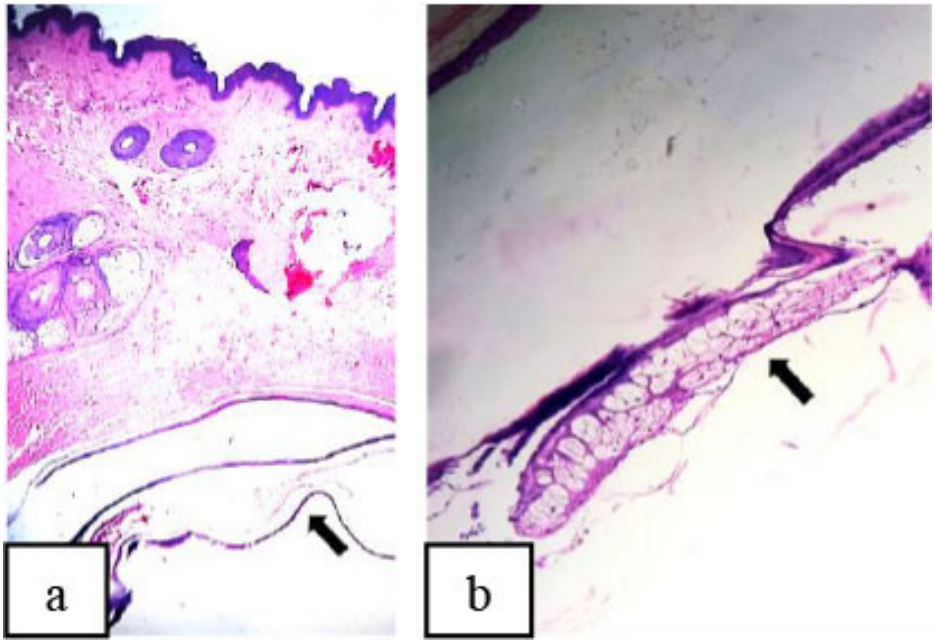

Figure 3. Cyst (Hematoxylin-eosin (HE), 100 times magnification) (A) with sebaceous gland adhered to the wall (black arrow) (HE, 400 times magnification).

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

contributed to the final approval of the version to be published and agreed to be accountable for all aspects of the work to ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Author RR contributed to the final approval of the version to be published. Author NS contributed to drafting or revising the work critically for important intellectual content. Author DS contributed to drafting or revising the work critically for important intellectual content.

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REFERENCES

1. Santana CN, Pereira DD, Lisboa AP, Leal JM, Obadia DL, Silva RS. Steatocystoma multiplex suppurativa: case report of a rare condition. An Bras Dermatol. 2016;91(5 suppl 1):51-3.
2. Madan N, Patiri K, Shukla S. Localized form of steatocystoma multiplex-partially suppurativa mimicking scrofuloderma. Journal of the Scientific Society. 2015;42(1):42-44.
3. Alotaibi L, Alsaif M, Alhumidi A, Turkmani M, Alsaif F. Steatocystoma Multiplex Suppurativa: A Case with Unusual Giant Cysts over the Scalp and Neck. Case Rep Dermatol. 2019;11(1):71-6.
4. Sharma A, Agrawal S, Dhurat R, Shukla D, Vishwanath T. An Unusual Case of Facial Steatocystoma Multiplex: A Clinicopathologic and Dermoscopic Report. Dermatopathology (Basel). 2018;5(2):58-63.
5. Shin NY, Kang JH, Kim JE, Symkhampa K, Huh KH, Yi WJ, et al. Steatocystoma multiplex: A case report of a rare entity. Imaging Sci Dent. 2019;49(4):317-21.