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Steatocystoma multiplex: A review

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Abstract

Steatocystoma multiplex is an uncommon benign disorder typically manifests as multiple asymptomatic intradermal cysts. It can be sporadic, familial or a part of a syndrome. Rare variants can be easily misdiagnosed. Histologically, it appears as an epithelium-lined cystic wall associated with sebaceous lobules. Treatment is needed if symptomatic or for cosmetic issues with the best results reported following radiofrequency, laser therapy and minimally invasive procedures.

Keywords: Steatocystoma multiplex; Cyst; Laser; Isotretinoin

Contents

1. Introduction

Steatocystoma multiplex is an uncommon benign cutaneous disorder. It was first described by Jamieson in 1873 and the name was given by Pringle in 1899 (Davey, 2014). (Steato) and (Cyst) are Greek roots which mean fatty bag. (Multi) and (Plex) are Latin prefix and root which mean many networks (Borro, 1960).

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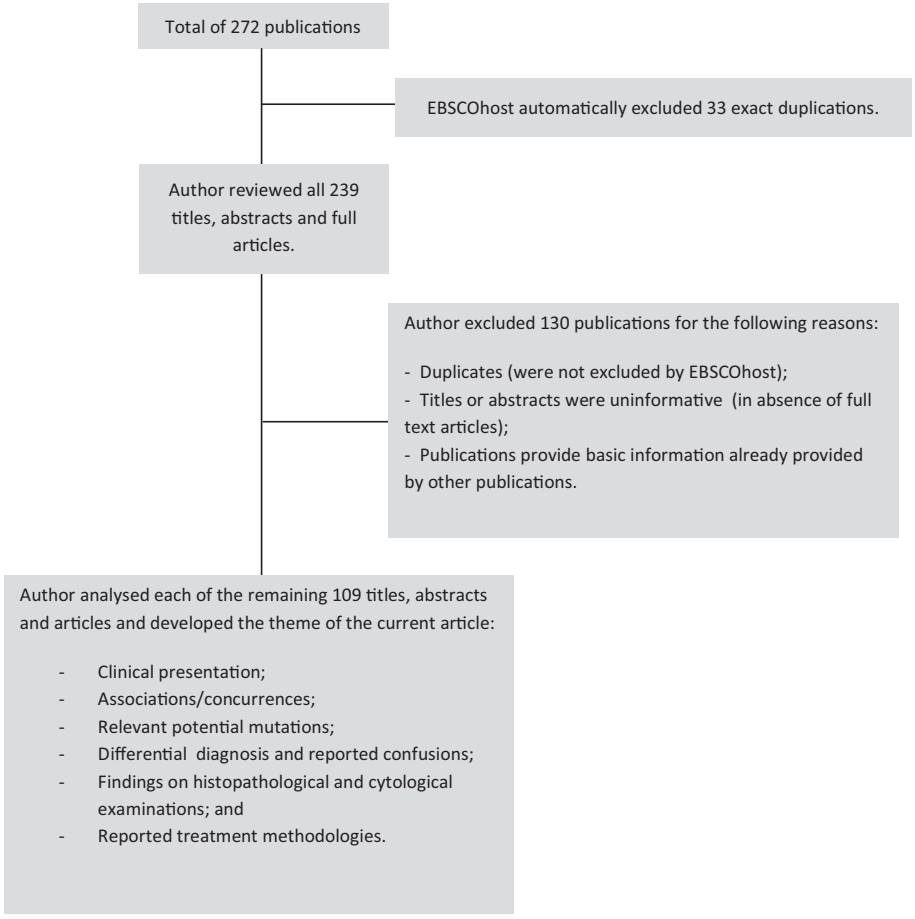

Figure 1. Methodology of the literature review.

The aim of this paper is to review publications relevant to this disease; highlighting its presentation, potential associations, documented underlying mutations, important differentials, histological findings and treatment trials.

2. Methodology

The author used EBSCOhost (includes the following databases: Academic Search Complete, CINAHL Plus with Full Text, MEDLINE with Full Text and PsycINFO) to search for "steatocystoma AND multiplex" on January 9th, 2016. Fig. 1.

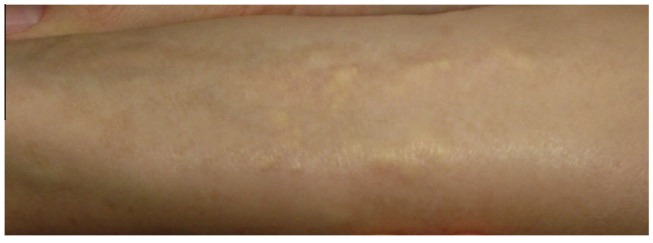

Figure 2. Linear unilateral steatocystoma multiplex on the ventral surface of the left underarm.

3. Clinical presentation

Steatocystoma multiplex manifests as numerous, recurrent (Barone et al., 1988), commonly asymptomatic but might be pruritic (Senel, 2010) or painful if infected (Marley et al., 1981), skin-coloured or yellowish- and rarely dark blue (Beyer and Vossmann, 1996) or calcified (Hasibur Rahman et al., 2011), elastic or firm, cystic or dome-shaped (Setoyama et al., 1997), papules or nodules (Duffy et al., 2011; Kaur and Kanwar, 2003). Yet, it can present with unusual variants: suppurative (Gordon Spratt et al., 2013; Adams and Shawayder, 2008), papular (Hansen et al., 1995), as steatocystoma multiplex conglobata (Gollhausen et al., 1988) or as a foreign body granuloma (Sina and Lutz-Nagey, 1984), and rarely, it may have a linear distribution (Almeida and Basso, 2009; Park et al., 2000) (Fig. 2). If pricked, yellowish fluid can be expressed (Kaur and Kanwar, 2003).

The incidence of steatocystoma multiplex is equal across males and females. Though lesions start to develop in adolescence or early adulthood at an average age of 26 years (Cho et al., 2002) suggesting a possible hormonal trigger (Kromann et al., 2015); few reports documented unusual onset in neonatal period (Lańcucki and Samochocki,