



Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.aidm-online.com



CASE REPORT

Ectopic sebaceous gland in the esophagus—Case reports and review of the literature



Lin-Suei Jhang^{a,b}, Chien-Yuan Hung^{a,b,c}, Tze-Yu Shieh^{a,b},
Chen-Wang Chang^{a,b,c}, Horng-Yuan Wang^{a,b,c},
Shou-Chuan Shih^{a,b,c}, Ming-Jen Chen^{a,b,c,*}

^a Division of Gastroenterology, Department of Internal Medicine, MacKay Memorial Hospital, Taipei, Taiwan

^b MacKay Junior College of Medicine, Nursing and Management, Taipei, Taiwan

^c MacKay Medical College, New Taipei, Taiwan

Received 21 August 2014; accepted 16 February 2015

Available online 10 August 2015

KEYWORDS

Ectopic sebaceous glands;
Endoscopy;
Esophagus;
Xanthoma

Summary Ectopic sebaceous glands (ESGs) are benign esophageal lesions that have a lower detection rate than malignant lesions because most patients are asymptomatic. However, this rate can be increased by the widespread use of endoscopes and an increasing awareness of the disease. Through esophagogastroduodenoscopy, ESGs often appear in the middle and lower esophagus in numbers ranging from 1 to more than 100 yellowish plaques measuring 1–2 mm in diameter. Histopathological examination of ESGs would reveal small lobular cluster glands in the lamina propria. Diagnosis is usually confirmed through an endoscopic biopsy. ESGs are best distinguished from other yellowish lesions such as xanthoma via endoscopy. These lesions tend to appear singly scattered, whereas xanthomas tend to be clustered. We present three cases of ESGs in the esophagus. Although their etiologies are still unclear, we present related theories in our review.

Copyright © 2015, The Gastroenterological Society of Taiwan, The Digestive Endoscopy Society of Taiwan and Taiwan Association for the Study of the Liver. Published by Elsevier Taiwan LLC. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

* Corresponding author. Division of Gastroenterology, Department of Internal Medicine, MacKay Memorial Hospital, Number 92, Section 2, Chung-Shan North Road, Taipei 10449, Taiwan.

E-mail address: mingjen.ch@msa.hinet.net (M.-J. Chen).

Introduction

Esophageal benign lesions have been detected less often than malignant lesions, accounting for only 0.5% of autopsy cases, because most patients are asymptomatic [1]. However, benign esophageal lesions can be detected more often by the widespread use of endoscopes and an increasing awareness of the disease. Sebaceous glands are normally found in human hair follicles, but ectopic areas have been reported around the eyes and in the oral cavity, tongue, larynx, palms, soles, and external genitalia, which are lined with squamous cells. Sebaceous glands in the esophagus were first reported in 1962 by De La Pava and Pickren [2] and are rarely found. The apparent low

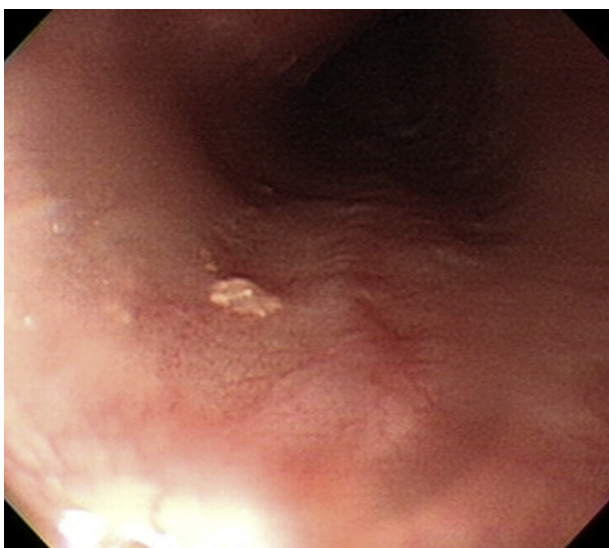


Figure 1 EGD revealed a single 0.3-cm yellowish plaque at 33 cm from the incisor. It presented as a slightly elevated shape with an uneven surface. EGD = esophagogastroduodenoscopy.

incidence of this condition may be because of the lack of obvious clinical signs and symptoms. Most cases were discovered incidentally by endoscopy in patients referred for gastrointestinal tract examination.

Ectopic sebaceous glands (ESGs) are best distinguished from other yellowish plaques such as xanthoma through endoscopy. Esophageal xanthomas were first reported in 1984 by Remmele and Engelsing [3]. One study showed that the most common location of xanthoma was the stomach (76%), followed by the esophagus (12%) and duodenum (12%) [4]. Coincidentally, both ESGs and xanthomas are detected in the lower esophagus and should be confirmed via tissue biopsy.

Understanding the endoscopic and pathological features of esophageal lesions is essential for the detection, differential diagnosis, and management of ESGs and xanthomas. These two rare esophageal benign lesions are difficult to differentiate according to morphology. This study compares the differences between these benign lesions in the esophagus.

Case reports

Case 1

A 67-year-old man presented at our outpatient department with a 10-month history of epigastralgia and abdominal fullness. No significant abnormality was found on physical examination or laboratory tests. Esophagogastroduodenoscopy (EGD) revealed a 0.3 cm, single, yellowish plaque 33 cm from an incisor. The plaque presented as a slightly elevated shape with an uneven surface (Figure 1A). A mucosal break of about 3 mm was found in the lower esophagus, which was diagnosed as a gastroesophageal reflux disease, Los Angeles class A. Histopathological examination of a resected specimen revealed esophageal mucosa covered by benign squamous epithelium with focal ESGs composed of sebaceous cells (Figure 2A). The immunohistochemical staining was

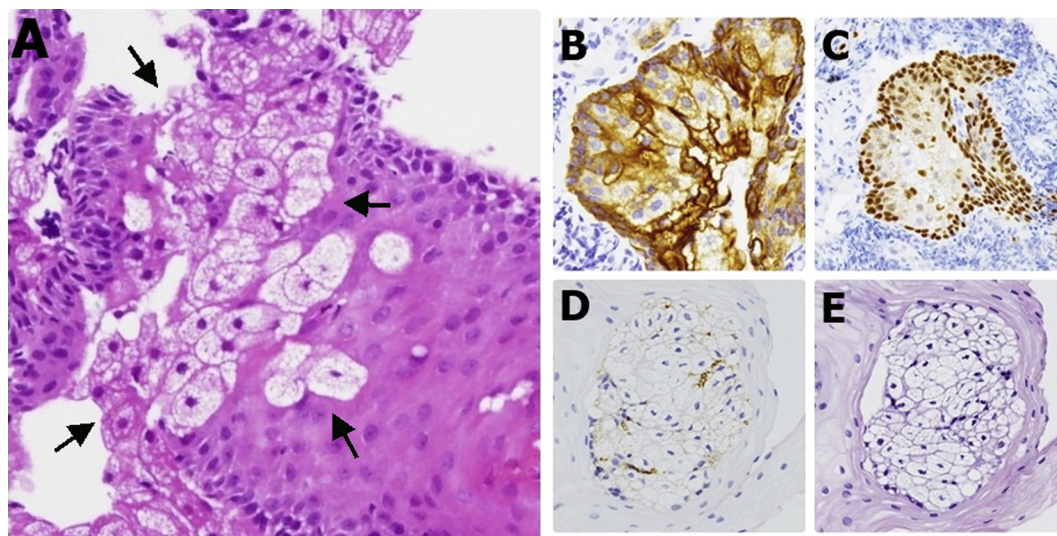


Figure 2 (A) Esophageal mucosa covered by benign squamous epithelium with focal heterotopic sebaceous glands composed of sebaceous cells (arrows) (H&E, 200 \times). IHC stains: (B) positive for CK; (C) positive for P40; (D) negative for CD68; and (E) negative for mucin. H&E = hematoxylin and eosin; IHC = Immunohistochemistry.

Download English Version:

<https://daneshyari.com/en/article/3278503>

Download Persian Version:

<https://daneshyari.com/article/3278503>

[Daneshyari.com](https://daneshyari.com)