# Dermoscopy of Adnexal Tumors

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**KEYWORDS**

• Dermoscopy • Adnexal tumors • Sebaceous tumors • Follicular tumors
• Eccrine and apocrine tumors

**KEY POINTS**

- Many uncommon adnexal tumors have been described only sporadically.
- Arborizing telangiectasias are common in adnexal tumors.
- Adnexal tumors are usually mimickers of basal cell carcinomas.
- Yellow structures are very suggestive of sebaceous tumors.
- Sweat gland tumors usually display great dermoscopic variability.

## INTRODUCTION

Cutaneous adnexal tumors are classified according to their adnexal differentiation as sebaceous, follicular, eccrine, and apocrine. These tumors often cause immense diagnostic difficulty. Dermoscopy is a noninvasive technique that has greatly improved the diagnostic accuracy of pigmented and nonpigmented skin tumors. In this article, we provide a review of the literature on the dermoscopic structures and patterns associated with adnexal tumors along with representative examples from our database.

## DERMOSCOPY OF SEBACEOUS TUMORS

Sebaceous tumors are traditionally classified as sebaceous nevus, sebaceous hyperplasia, sebaceous adenoma, sebaceoma, and sebaceous carcinoma.

### *Sebaceous Nevus*

Sebaceous nevus is considered a complex hamartoma that presents at birth and commonly affects the head and neck, particularly the scalp. The natural history of sebaceous nevus is traditionally divided into 3 evolutionary and overlapping stages.

The first is the infancy and childhood stage, characterized by underdeveloped adnexal structures and, clinically, by the presence of a round, oval, or linear smooth, yellowish patch or plaque of alopecia.[1–3] Bright yellow dots not associated with hair follicles (**Fig. 1**), corresponding to incipient sebaceous glands, may be seen on dermoscopy at this stage.[1–3] This finding can be very useful in differentiating sebaceous nevus from aplasia cutis congenital in newborns.[1]

The second stage or the puberty stage is characterized by proliferative lesions involving adnexal and epidermal structures, in which the lesion transforms from a smooth into an incipient verrucous plaque. At this stage, dermoscopy reveals yellowish globules that can be arranged in cobblestone pattern (see **Fig. 1**) that correspond to dermal conglomerations of numerous, hyperplastic sebaceous glands in the histopathology.[1–3]

Disclosure: None.
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Dermatol Clin ■ (2018) ■–■
https://doi.org/10.1016/j.det.2018.05.007

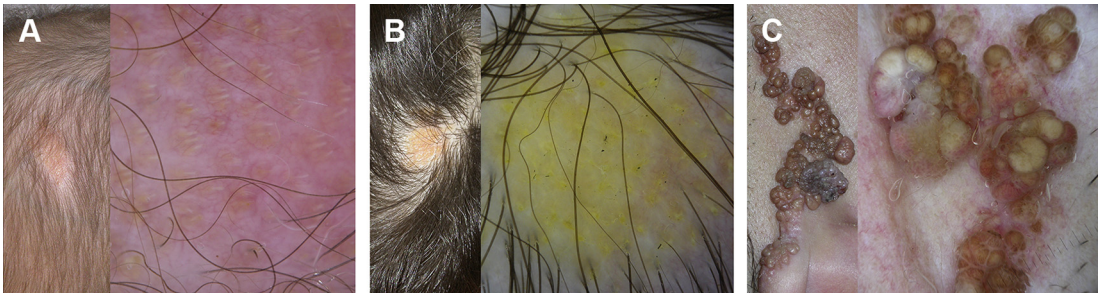


**Fig. 1.** Evolutionary stages of sebaceous nevus. (*A*) In the dermoscopic view, we can find a pattern composed of bright yellow dots (infancy and childhood stage). (*B*) Yellowish globules (puberty stage). (*C*) Yellowish-brown globules and exophytic papillary structures (post pubertal stage).

And finally, the third stage or post pubertal stage is characterized by more verrucous sebaceous nevi and the appearance of benign or malignant neoplasms.[4–6] Dermoscopically, sebaceous nevus is characterized by the presence of yellowish-brown globules, fissures, and ridges that can be arranged in "cerebriform pattern" (see **Fig. 1**), comedolike openings, and milialike cysts.[2–6] At this stage, it is estimated that approximately 10% to 20% of nevus sebaceous are complicated by benign or malignant epidermal, adnexal, or mesenchymal tumors.[6] Trichoblastoma and syringocystadenoma papilliferum are the 2 most frequent benign tumors to develop in nevus sebaceous, and basal cell carcinoma (BCC) is the most common malignant neoplasm.[4–6] The adnexal tumors arising in sebaceous nevus are discussed in depth later in this article.

## *Sebaceous Hyperplasia*

Sebaceous hyperplasia is the most common proliferative abnormality of the sebaceous glands. It most often presents on the face of older adults, particularly men. The classic appearance of sebaceous hyperplasia on physical examination reveals whitish-yellow or skin-colored, normally umbilicated, papules that are soft and vary in size from 2 to 9 mm.

Dermoscopically, sebaceous hyperplasia shows a pattern composed of the presence of aggregated white-yellowish globules in the center of the lesions with a surrounding crown of vessels (**Fig. 2**).[7–10] The central aggregated white-yellowish structures or globules, showing a sharp difference from surrounding skin, were defined by Bryden and colleagues,[7] in a descriptive way as "cumulus sign," because these structures resemble the cumulus clouds and correspond histopathologically to hyperplastic sebaceous glands. Bryden and colleagues[7] and Oztas and colleagues[9] observed these structures in 100% of the sebaceous hyperplasias of their studies. Sometimes the ostium of the gland is visible as a small crater or umbilication in the center of these yellowish structures. Oztas and colleagues[9] named the association of the

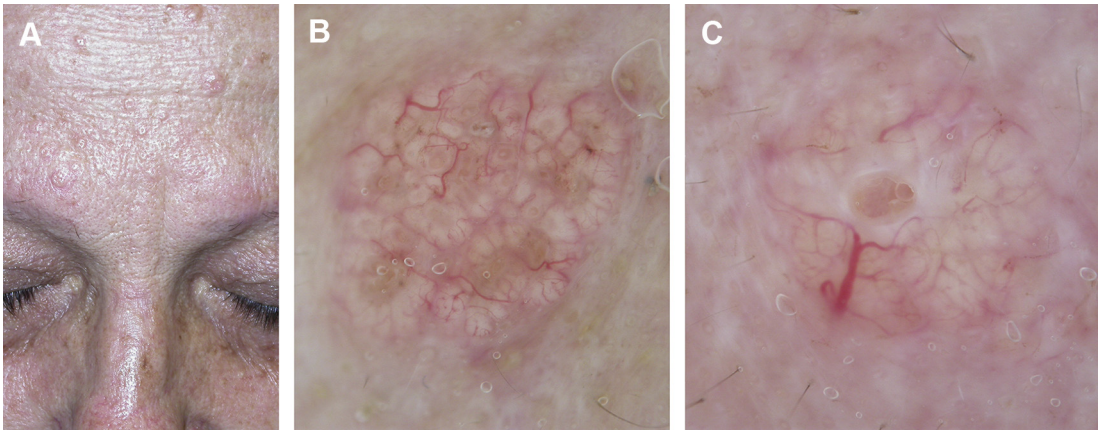


**Fig. 2.** Dermoscopy of 2 sebaceous hyperplasias. (*A*) Clinical view. (*B*) Dermoscopic pattern composed of the presence of aggregated white-yellowish globules in the center of the lesions with a surrounding crown of vessels. (*C*) Dermoscopic pattern called "Bonbon Toffee sign."