

## Adenoma Sebaceum et Acanthoides Cysticum, resembling Leprosy

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The report on Dermal Leishmaniasis resembling Leprosy<sup>(1)</sup> induces us to add Adenoma sebaceum et acanthoides cysticum to the series of nodular skin efflorescences resembling leprosy more than any we have yet encountered. The appended picture illustrates how this case could have been mistaken for leprosy under which diagnosis he came to us.

The gross clinical appearance was that of either Adenoma sebaceum as first described by Bock<sup>(2)</sup> or that of Acanthoma adenoides cysticum as first reported in literature, although under a misnomer, by Kaposi and Bielsiadecki<sup>(3)</sup>. Observations of both dermatological entities have since been listed by various authors under various names. In our case, the evaluation of the histological texture, however, did not allow us to differentiate simply one from the other.

Our patient was a 74 years old Filipino of Malayan stock with the history, since early childhood, of these discrete, firm, sometimes pedunculated, indolent, yellowish or slightly pinkish, cutaneous nodules symmetrically over face, neck and upper chest. There was no defect or ulceration in the epidermis, and nothing like an excretory opening. However, when pricked with a needle, white, inspissated sebum could be expressed. The eye-brows were intact, and no sensory disturbances were present.

The histo-pathology, as already stated, shows both the architecture of true growth of the sebaceous glands with an enormous increase in their number and complexity together with finger-like prolongations of epithelium and epithelial bud-like growths from hair-sacs with many cysts of circular or oval shape. These latter are filled with partly colloid and corneous material. The inner lining of the cysts is a narrow corneal layer directly in transition to the contents of the cysts. There follow, to the periphery, well defined layers of kerato-hyalin cells, of pricklecells, and of palisade-like cylindrical cells. This latter outer zone is, apparently, under some pressure with crowding of the darkly stained nuclei. The obviously mechanical pressure in the periphery of the tumorous growth is also evidenced from some dilation of the lumina of sweat-glands as the result

of stasis. Otherwise, there is no pathology of the sudoriferous coils.

It is manifest in many sections that the bud-like offshoots of epithelium developing cysts at the extremities are formed from the normal epithelial lining of the hair-follicles. It is outside of the scope of this paper to discuss if such cells from which the growth starts have retained some sort of embryonic nature for the commencement of these benign cystic tumors.

Considering the large number of lesions and the extensive area affected in our case, nothing could be done therapeutically, of course.

#### REFERENCES.

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3. KAPOSI and BIELSIADECKI : Lymphangiome tubereux multiplex, in F. Hebra and M. KAPOSI, *Traité des maladies de la peau*.—G. MASSON, Paris, 1872. Vol. 2, p. 374.