

## Steatocystoma Multiplex: The Surgical Pearls

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### **ABSTRACT**

Steatocystoma multiplex (SM) is a benign condition of the pilosebaceous unit, which manifest as multiple asymptomatic dermal cysts. Here presented are two cases of complete surgical excision, without any recurrence.

### **1. INTRODUCTION**

Steatocystoma multiplex (SM) manifest as numerous, epithelial lined, sebum-filled dermal cysts. It usually affects adolescence, but may be present at any age. It has no predilection for sex. The overlying epidermis on cysts is usually normal, without any central punctum. They are usually idiopathic and recurrence happens post various modalities of treatment.

### **2. CASE 1**

A 20-year-old boy presented with complaint of multiple yellowish nodules over scrotum. On examination, numerous dermal cysts of various sizes were identified, soft on palpation, without any punctum (Figure 1). On clinical suspicion of Steatocystoma multiplex (SM), fine needle aspiration cytology using 26 G needle was advised from one of the cysts and histology confirmed it to be SM. Under general anesthesia, cysts were excised and histopathology was consistent. Patient received 5 days oral amoxicillin-clavulanic acid in post-operative period and doing well without any recurrence on 3 years follow up period.



**Figure 1:** Numerous dermal cysts of various sizes were identified, soft on palpation, without any punctum.

### **3. CASE 2**

A 24-year-old boy presented with similar lesions for 2 years (Figure 2). He requested surgery on cosmetic grounds, otherwise the cysts were asymptomatic.



**Figure 2:** Numerous dermal cysts and similar lesions for 2 years in 24-year-old boy.

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Complete excision of cysts was done. Histopathology was consistent. Patient has been in follow up for last 2 years without any recurrence.

#### **4. DISCUSSION**

Steatocystoma multiplex (SM) is a condition characterized by multiple dermal cysts originating from the pilosebaceous unit. The term was coined by Pringle in 1899. It is a sporadic condition or rarely autosomal dominant, which results from mutation in the keratin 17 gene [1]. Clinically, they present as numerous yellowish dermal cysts ranging in size from few millimeter to few centimeter, resembling pearls. It may affect any area of skin including genitals, with propensity for areas with concentrated pilosebaceous units. They are usually asymptomatic but may cause significant impact on quality of life. These cysts may get infected and become symptomatic. Treatment options are limited in view of numerous cysts. Various surgical modalities has been used in treatment of SM, including incision, aspiration, cryotherapy, radiofrequency and CO2 laser but all had complications and recurrences. Complete surgical excision omits chances of recurrence albeit at cost of scarring.

The true etiology for SM is unknown. Setoyama et al. [2] suggested trauma, infection, or immunological events as possible causes. SM are now recognized as a nevoid or hamartomatous malformation of the pilosebaceous junction [3].

The differential diagnosis for clinical appearance of SM may include acne vulgaris, epidermoid cyst, vellus hair cysts, hidradenitis suppurativa, milia or follicular infundibular tumors [4]. The biopsy needs to be done to exclude the differential diagnosis.

Histopathological examination showed stratified squamous epithelium with sebaceous lobules. It was consistent with histopathologic features reported by Cho et al. [5]. They contain sebum-like material with keratin debris and is characterized by lobules originating from sebaceous glands, and lack a granular layer. These features are critical to distinguish SM from vellus cyst, which has several layers of squamous cells, with vellus hairs as well as keratinous material in the cavity [6]. On review of literature, we could trace one more case report of SM, who was treated surgically and no recurrence for 2 years [7].

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