

# Unilateral Areolar Sebaceous Hyperplasia on Nipple Scraping Sample

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The face is known to be the most frequent site for sebaceous hyperplasia (SH); in fact, this particular pathology has rarely been reported in other sites, as for instance the areole.

The first case of the areolar SH (ASH) was described in 1985 in a 37-year-old woman, presenting as bilateral diffuse thickening of the areolas.<sup>1</sup>

In the course of the years, few other cases of bilateral and unilateral ASH in both genders have been reported<sup>2–14</sup> and all on histological samples.

Herein, we describe the cytological aspects of unilateral ASH. To the best of our knowledge, this is the first case diagnosed on cytoscraping of the nipple, subsequently confirmed histologically.

A 50-year-old woman with painless yellowish plaques involving the left nipple (Fig. 1) was referred to our attention for a nipple scraping. The lesion had been noted 3 weeks before by the patient herself. The physical examination did not reveal neither any other similar lesions on the contra-lateral nipple nor any associated axillary lymphadenopathy. The clinical diagnosis was a possible nipple Paget disease.

Nipple scraping was performed using a 4-mm dermatological curette after disinfection and without local anesthesia.

From the material obtained, two smears were set up, fixed in alcohol, and stained with the Papanicolaou method. The smears appeared rich in cells arranged in either syncytial (flat) or cluster (tridimensional) squamous epithelial structures in a cleaned background. Closely associated with these squamous epithelial cell groups, there were large cells with finely vacuolated cytoplasm and small paracentral nuclei (Fig. 2a). The cytological report suggested “Possible Nipple Sebaceous Hyperplasia.”

A biopsy was performed on the areola and the histopathological examination indeed revealed an areolar cutaneous fragment with numerous mature sebaceous glands located on the upper dermis below the epidermis (Fig. 2b). The histological report was “Nipple Sebaceous Hyperplasia.”

Sebaceous gland hyperplasia is an uncommon benign, well-recognized skin condition commonly located on the face, whose etiology is unknown. The lesions are found usually in men and located on the nose, forehead, and cheeks. Other locations, such as the areola, are considered exceptional.

The more frequent clinical presentation of ASH is a yellowish plaque/papula-like or a diffuse areola thickening/swelling with multilobular involvement. In only one case, did the lesion show spadicaceous papules and peduncolated nodules with a verruciformis aspect.<sup>12</sup> In eight cases, there was a bilateral presentation (5F and 3M), whereas in the other seven, including ours, the presentation was unilateral (4F and 3M). The age range was 24–59 years (median 42.5 years).

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