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## RESEARCH ARTICLE

### RARE PRESENTATION OF AREOLAR SEBACEOUS HYPERPLASIA.

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#### Abstract

A 56-year-old woman reported the appearance of a lesion in both breasts characterized by the presence of yellowish thickening of the areolae with the presence of papules and nodules. The mammography didn't show an underlying malignant lesions and the biopsy concluded to Montgomery tubercles.

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#### Introduction:-

##### Background

Sebaceous hyperplasia is a common disorder of sebaceous gland that occurs mainly in newborns [1, 2] and ageing adults, with no particular predilection according to gender [3]. The majority of the cases reported by literature are localized in the area with the largest sebaceous glands; like the face [4], the chest [5] or the back. Less common localizations were described, like the hyperplasia of Tyson glands in the clitoris [6] or the hyperplasia of Montgomery glands in the areola [7]. The diagnosis of this condition is made by its clinical and histological aspects. This lesion is made of asymptomatic pink or yellow papules, sometimes forming a thickening of the skin [8]. Herein, we describe a case of a bilateral areolar sebaceous hyperplasia (ASH) in a 56-year-old woman.

##### Case report

A 56-year-old woman reported the appearance of bilateral recurrent papules of the areolae and nipples with a yellow discoloration of this area's skin and sometimes the presence of black comedones.

These symptoms began 10 years ago, but the patient did not consult except recently because of her fear of cancer. The patient had a family history of breast cancer; diagnosed in two of her sisters, one of whom died. The patient had a 60 pack-year history of smoking and she was obese with a BMI of 32.39 kg/m<sup>2</sup>. The physical exam of the breasts revealed the presence of yellowish thickening of both areolae and nipples with multiple papules and nodules. The pressure on the lesion expressed a whitish material. The remainder of her physical examination was without any other particularities. A mammography was performed and showed multiple simple cysts as well as benign appearing solid nodules predominately within the left breast. Targeted ultrasound of these areas confirm the presence of multiple and solid nodules. Scattered bilateral calcifications were noticed. A skin punch biopsy concluded to the diagnosis of Montgomery's tubercles. No treatment was recommended and it has been decided that the patient should receive an annual screening.

**Discussion:-**

The first case of sebaceous hyperplasia of the areola described in the literature was reported by Catalano in 1985 [9]. Since that date, few cases have been published; 10 cases in females and 6 cases in males in total [7, 9-22]. Therefore, there is no consensus about the exact microscopic features of this entity. The areola which is the area of the epidermis that surrounds the nipple contains many buds of sweat glands and apocrine sebaceous glands [23]. First described by Perkin [24], the sebaceous glands of the areola and nipple could undergo structural changes under the effect of hormones, mainly androgenic and estrogenic hormones. Those changes can lead to the development of a benign condition called sebaceous hyperplasia. The etiopathogenesis of ASH is still not well elucidated and other factors were incriminated as risk factors of this disease as ageing, family history or exposure to cyclosporine [25-29]. Different microscopic features were described in cases of areolar sebaceous hyperplasia. Some authors describe it as the hyperplasia of Montgomery gland while others describe it as it as the hyperplasia of independent sebaceous gland of the skin of the areola and nipple.

There are two explanations for this disagreement, first, the hyperplasia of Montgomery glands is generally observed in women during the pregnancy under the influence of an increase in the level of estrogen hormones, clinically they appear as reddish papules, whereas the hyperplasia of sebaceous gland is related to the level of androgenic hormones and appears as yellowish papules [30]. Second, so far there is no agreement about the very nature of Montgomery tubercles [31]. Although there is not yet a consensus about the histopathological definition of this entity, the areolar sebaceous hyperplasia in male or female, can be defined as the result of the increase in the number of sebaceous cells forming one lump under the upper dermis and opening to the surface through a duct [15, 32].

Nevertheless, more studies are needed to give a definitive answer on the question that arises about the cellular nature of these glands.

The evolution of this lesion is characterized by stabilization then a resolution with time [3]. No specific treatment is indicated in ASH Unlike Fordyce disease which is a similar lesion of ectopic sebaceous glands that frequently involves an inflammation mechanism [33]. In literature some cases were treated surgically or by photodynamic therapy [34]. Recently another therapy, the isotretinoin has proven its efficacy in reducing the size of sebaceous glands [35, 36]. Although it is a benign condition the search for an underlying malignant tumor is systematic [37]. Hence it is preferable that the patient has a regular monitoring of his lesion, especially in the case where there is a family history of cancer like the patient of our case.









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