

Dermoscopy of collision tumor arising in nevus sebaceus of Jadassohn



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Fig 1. NSJ surmounted in the superior portion by a firm nodule. *NSJ*, Nevus sebaceus of Jadassohn.

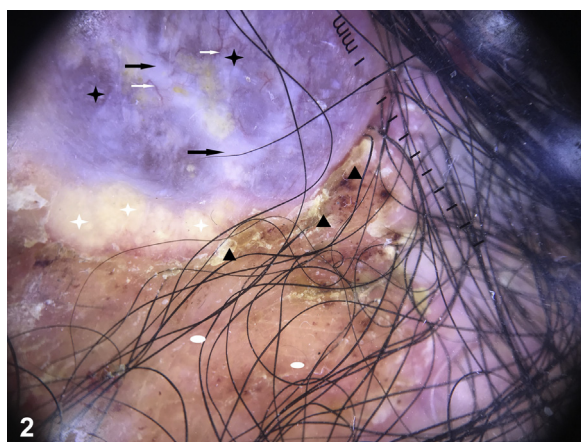


Fig 2. Dermoscopy of collision tumor: purple ovoid nests (*black asterisk*) separated by white septa (*black arrows*), surmounted by arborescent telangiectasias (*white arrows*), and surrounded by yellowish ovoid structures (*white asterisk*) along with yellow-pink area (*white ovoid shapes*) and crusts (*black triangles*).

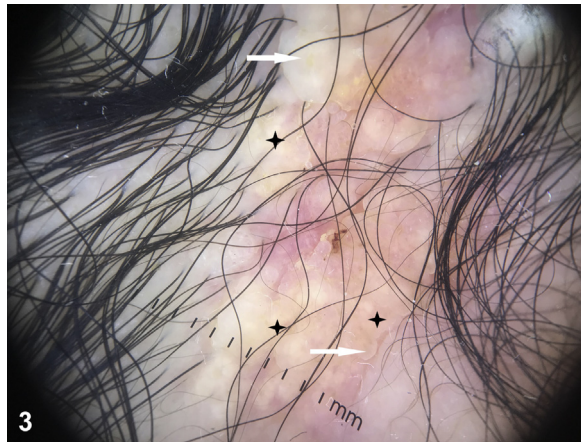


Fig 3. Dermoscopy of NSJ: Yellowish globules (*white arrows*) aggregated in clusters on a yellow background (*black asterisk*). NSJ, Nevus sebaceus of Jadassohn.

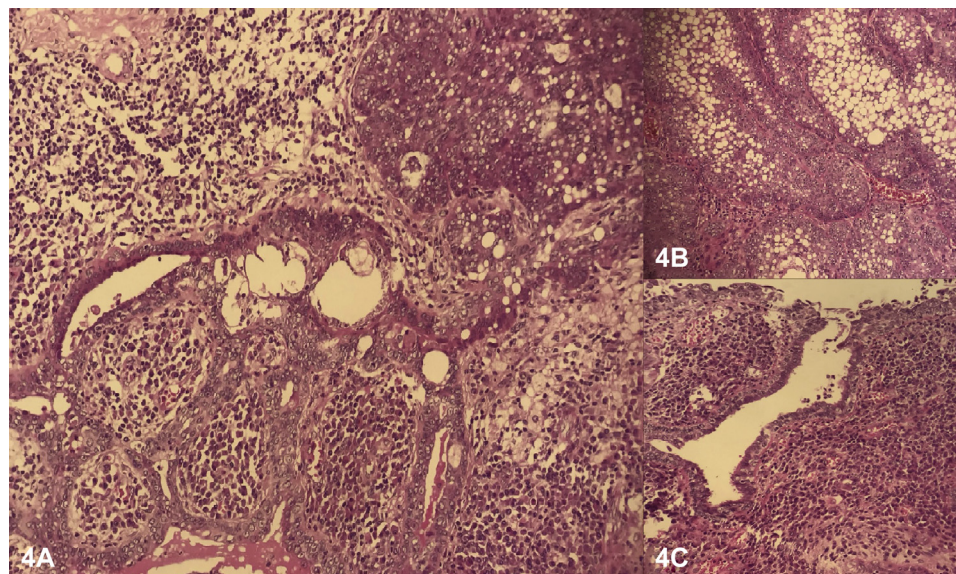


Fig 4. **A**, Histological image of sebaceoma and SCAP. **B**, Multiple tumor lobules, not connected to the epidermis. The tumor is composed mainly of immature and monomorphic sebocytes, suggesting sebaceoma. **C**, Invaginations with papillary projections, the mucosa of which was made up by a double layer of cuboid cells, suggesting a SCAP (Hematoxylin-eosin—stain $\times 20$). SCAP, Syringocystadenoma papilliferum.

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INTRODUCTION

We describe the dermoscopy features of a collision tumor in the nevus sebaceus of Jadassohn (NSJ) and a new dermoscopic finding for syringocystadenoma papilliferum (SCAP).

CASE REPORT

A healthy 40-year-old woman presented with an asymptomatic congenital plaque of the scalp. The plaque remained unchanged for decades until the last two years. The patient noticed the occurrence of a nodular lesion. Clinical examination found a 6 cm × 2 cm verrucous pink-yellow plaque in the left parietal area. In the superior portion of the lesion, there was a violaceous firm nodule (Fig 1).

Dermoscopic examination revealed purple, ovoid nests separated by white septa and surmounted by arborescent telangiectasias. Yellowish, ovoid structures along with a yellow-pink area and crusts were also observed (Fig 2). Moreover, we noted dermoscopic features of the NSJ, which are yellowish globules aggregated in clusters on a yellow background (Fig 3).

Histological studies found multiple tumor lobules composed mainly of immature sebocytes, suggesting sebaceoma (Fig 4, A, B), invaginations with papillary projections, the mucosa of which was made up by a double layer of cuboid cells, suggesting a SCAP (Fig 4, A, C), and histological features of NSJ.

DISCUSSION

In the present case, the lesion appears clinically and dermoscopically similar to basal cell carcinoma (BCC) and trichoblastoma. Nevertheless, the presence of yellowish ovoid structures corresponds to a sebaceous component at the level of well-structured tumor lobules, which are suggestive of sebaceoma.¹ Besides, we describe a new dermoscopic finding for SCAP, namely purplish ovoid nets. These correspond to the pathological findings of the luminal deposition of the tumor. In conclusion, we should keep in mind that not all that present as a BCC in a NSJ is a BCC. Histology remains the gold standard.

Abbreviations used:

BCC: basal cell carcinoma

NSJ: nevus sebaceus of Jadassohn

SCAP: syringocystadenoma papilliferum

Conflicts of interest

None disclosed.

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