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Sebaceous Hyperplasia Effectively Improved by the Pin-Hole Technique with Squeezing

Jae-Hong Kim, Hwa-Young Park, Won-Soo Lee, Jin-Soo Kang[1]

Department of Dermatology and Institute of Hair and Cosmetic Medicine, Yonsei University Wonju College of Medicine, Wonju,
[1]Kangskin Clinic, Seoul, Korea

Dear Editor:

Sebaceous hyperplasia (SH) is a common benign skin lesion composed of sebaceous glands. It is characterized by a yellow or flesh-toned papule that is commonly found on the face[1]. Treatment of SH is usually for the cosmetic reasons only. Although many kinds of treatment modalities have been applied to treat SH, a successful, long-standing eradication of SH remains difficult[2].

A 55-year-old man presented with a several-year history of multiple papules on the face. Physical examination revealed multiple yellow or flesh-toned papules on both cheeks and lateral canthus (Fig. 1A). Magnification with dermatoscopy showed yellowish papules with overlying telangiectasias. He did not present with subjective symptoms that are frequently associated with skin lesions. On the basis of clinical findings, the patient's condition was diagnosed as SH. After 1-hour application of topical anesthesia (EMLA cream, AstraZeneca AB, Södertälje, Sweden), we made a small, ~1 mm diameter opening in each papule using the carbon dioxide laser, then squeezed the papules using an acne extractor to induce shrinkage of the sebaceous lobules. Sebaceous contents were easily discharged through the small papule openings, and the size of the lesions decreased after squeezing. After squeezing, the small papule openings were shot by the carbon dioxide laser to remove the shrunken sebaceous lobules. The treatment was tolerable to the patient, and there were no bleeding or other signs of severe tissue damage. Most of the lesions were flattened after the procedure, and small crusts made by the carbon dioxide laser disappeared after 10 days of the treatment (Fig. 1B). After 3 months of the treatment, there were neither signs of recurrence nor specific side-effects related to the treatment.

Various treatment modalities for SH have been used such as isotretinoin, cryosurgery, the pulsed-dye laser, and the carbon dioxide laser[2-5]. However, a long duration of down-time between treatments is necessary, as various kinds of laser therapy and cryosurgery inevitably cause epidermal damage. In addition, adverse effects such as persistent erythema, edema, infection, and persistent hyperpigmentation are not uncommon. Although the non-ablative lasers and isotretinoin can be used to avoid these limitations, the high cost may be a burden to patients. In this case, we used a simple method that required making an opening in the multiple SHs, using a carbon dioxide laser, with the subsequent squeezing by an acne extractor. Different from the conventional uses of the carbon dioxide laser, we used the laser only to make very small openings and to eradicate the shrunken sebaceous lobules. Because we made minimal epidermal changes, there were no side-effects related to the laser treatment such as persistent erythema, edema, infection, and persistent hyperpigmentation. In addition, the patient did not feel discomfort during the procedure.

In summary, we report a case of SH that was effectively improved by the pin-hole technique with the carbon dioxide laser. We think that this method may be used as an alternative therapy for the treatment of SH. Further study is warranted to determine the longevity of the clinical results observed.

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Corresponding author: Jin-Soo Kang, Kangskin Clinic, Kanghanmi Bd, 304 Seocho-daero, Seocho-gu, Seoul 137-881, Korea. Tel: 82-2-584- 9007, Fax: 82-2-585-4920, E-mail: kangskin@hanmail.net

Fig. 1. (A) Multiple yellow or flesh-toned papules on both cheeks and lateral canthus. (B) Most lesions disappeared after 10 days of treatment.

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