

An Odd Place for Acne: Ectopic Esophageal Sebaceous Glands

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CASE REPORT

A 63-year-old man was seen in a gastroenterology clinic for evaluation of chronic cough and globus sensation. An esophagogastroduodenoscopy displayed yellow, plaque-like material extending from the proximal to distal esophagus (Figure 1). These lesions could not be removed with lavage and were subsequently biopsied. The biopsy demonstrated a collection of round cohesive cells with cleared out cytoplasm and small centrally located nuclei arranged in an acinar configuration, consistent with ectopic sebaceous glands. These glands are located within the lamina propria underlying a normal-appearing stratified squamous cell epithelium (Figure 2). The patient also had esophageal pH testing showing a normal DeMeester score. The patient was treated with nasal fluticasone with improvement in his presenting symptoms. Therefore, the symptoms were attributed to postnasal drip, rather than the ectopic sebaceous glands.

Ectopic esophageal sebaceous glands are a rare finding with an incidence near 0.005%.¹ The origins of esophageal sebaceous glands are unknown, but 2 proposed explanations exist. First, sebaceous glands could develop in the esophagus from a congenital anomaly or heterotopic histogenesis.² Second, they could form as metaplastic changes in patients with gastroesophageal reflux disease (GERD).² At present, there is not a clear answer to this question, but case reports following patients with this finding have shown no attributable symptoms or malignant potential.³ There is no known correlation with other esophageal conditions such as dysphagia or dysmotility. In our case, the patient underwent gastroenterology evaluation to determine if GERD was causing his cough and globus sensation. His normal pH testing off proton pump inhibitor and resolution of symptoms with treatment of postnasal drip are not consistent with GERD as the causative etiology for the sebaceous glands. Although rare and benign, endoscopists should have a familiarity with the appearance of ectopic esophageal sebaceous glands to distinguish them from other, nonbenign lesions (such as squamous cell carcinoma) and potentially avoid unnecessary biopsies or other invasive testing.

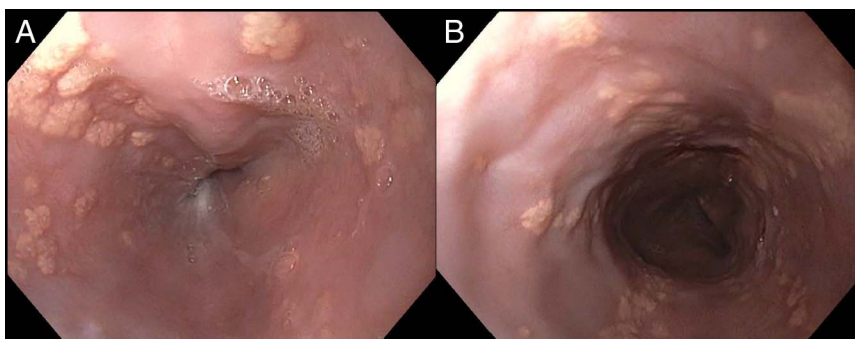


Figure 1. (A and B) Esophagogastroduodenoscopy showing yellow, plaque-like material extending from the proximal to distal esophagus.

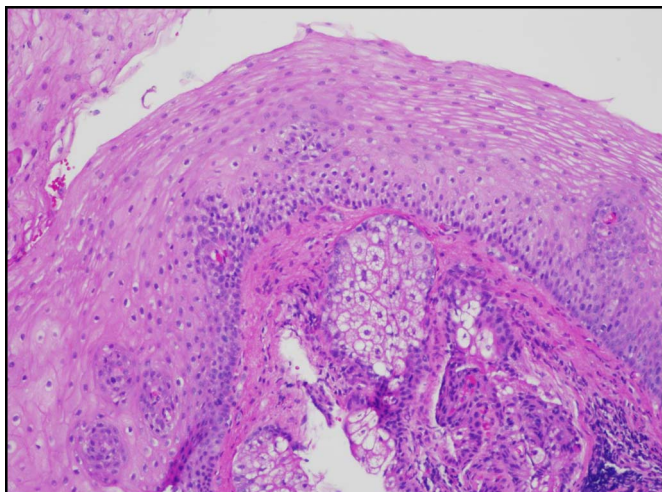


Figure 2. The ectopic sebaceous glands located within the lamina propria underlying a normal-appearing stratified squamous cell epithelium.

DISCLOSURES

Author contributions: All authors contributed equally to this manuscript. RJ Humes is the article guarantor.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received May 19, 2020; Accepted July 17, 2020

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