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RESEARCH ARTICLE

SEBACEOUS GLAND HYPERPLASIA IN A FIBROEPITHELIAL POLYP OF THE HARD PALATE- REPORT OF A RARE ENTITY

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ABSTRACT

We describe a case of 25 year old male patient with a growth over the anterior rugae region of hard palate since 3 years. Based on histological appearance, diagnosis of sebaceous gland hyperplasia in fibroepithelial polyp was given which itself is a rare entity and in our case it was encountered at the rarest of sites.

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INTRODUCTION

Sebaceous adenoma (SA) and sebaceous gland hyperplasia (SGH) are rarely diagnosed intraorally (Dent *et al*., 1995), being more frequent on the face of elderly patients with a predilection for forehead and scalp. However intraoral sebaceous glands are quitecommon and usually found on vermillion border of the upper lip and on the buccal mucosa (Daley, 1993) as fordyce's spots. Sebaceous gland hyperplasia (SGH) is diagnosed based on the following criteria as suggested by Daley (Daley *et al*., 1992).

- A clinically distinct lesion requiring biopsy for definitive diagnosis.
- Histological presence of well differentiated sebaceous glands that exhibits no fewer than 15 lobules per gland.

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The present report describes such a case where sebaceous gland hyperplasia was found in an elongated polyp of anterior hard palate.

Case Report

A 25 year old male patient reported with a growth over the anterior rugae region of hard palate present since 3 years. On clinical examination, the growth was soft, cylindrical in shape, 4×1 cm^2 in dimension, pedunculated and situated near nasopalatine foramen (Fig 1). The excised lesion, on macroscopic examination was elongated, whitish in color with smooth surface and soft consistency (Fig 2).

On histological examination the specimen showed hyperkeratinized stratified squamous epithelium with elongated rete ridges. An area of keratotic plugging along with invaginatinghyperplastic epithelium was seen along with collection of sebaceous glands in the subepithelial region. There were collections of sebaceous glands with multiple lobules seen to be opening into a single duct.

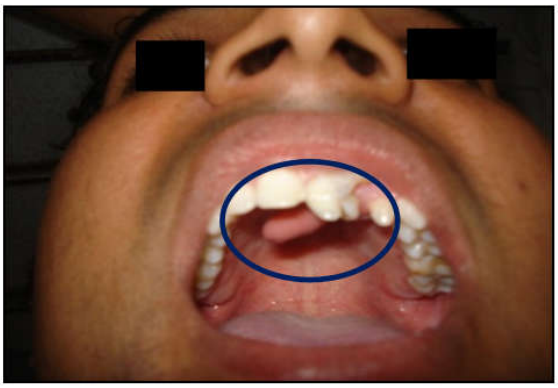

Fig. 1. Soft, cylindrical growth, 4×1 cm^2 in dimension, pedunculated, situated nearnasopalatine foramen

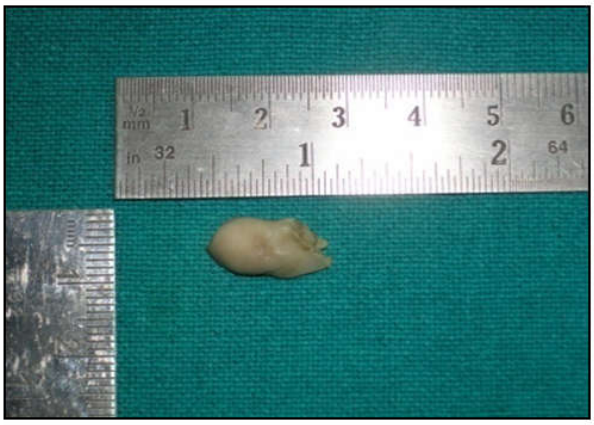

Fig. 2. On macroscopic examination lesion was elongated, whitish in color with smooth surface and soft consistency

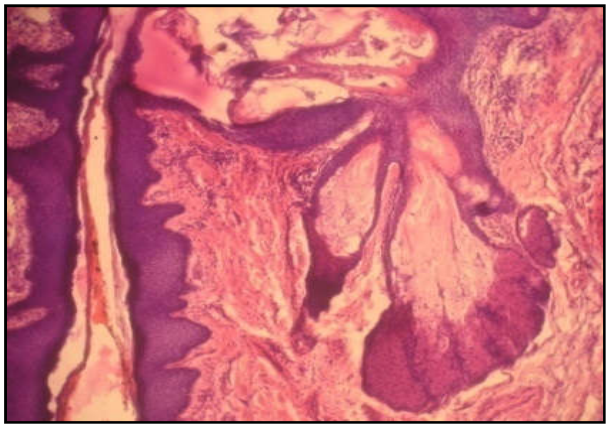

Fig. 3. An area of keratotic plugging along with invaginating hyperplastic epithelium, collection of sebaceous glands in the subepithelial region with multiple lobules seen to be opening into a single duct

The opening was plugged with keratin (Fig 3). Underlying connective tissue was dense fibrous and collagenous containing numerous blood vessels along with areas of adipose tissue. Based on histological appearance, diagnosis of fibroepithelial hyperplasia with ectopic sebaceous gland and keratotic plugging was given.

DISCUSSION

Sebaceous gland hyperplasia are rarely diagnosed intraorally. Till date only 26 cases of sebaceous gland hyperplasia have been reported in the English language literature. Ectopic sebaceous glands are found in 80% to 85% of adults in the buccal mucosa, lip and less often on the palate, gingivae and tongue (Ferguson, 1997). In our case the hyperplastic polyp was seen on the hard palate which is being reported for the first time, as observed after an extensive literature search. The mean age of occurrence is in the third decade of life with a slight female predilection. The present case was a 25 year old male with a cylindrical polyp hanging from the anterior region of hard palate present since 3 years. SGH originates in the sebaceous follicles (Lever *et al*., 1975). Sebaceous gland lobules may arise from inclusion of ectoderm in the oral cavity during the fusion of the maxillary and mandibular processes during development of the embryo (Shafer *et al*., 1983). Microscopically, SGH originates from a single enlarged sebaceous gland composed of numerous lobules grouped from centrally located wide sebaceous duct. Similar histological picture was seen in the present case with keratin plugging of the ductal opening. Sebaceous glands are composed of lobules containing a peripheral single or double layer of germinative flattened squamous cells, which proliferate and differentiate to the typical mature, clear sebaceous cells. The nucleus wrinkles and disappears, and the sebocytes burst to form the sebum that is discharged into a short single duct connected with the surface. IOSH is microscopically composed of a larger numbers of well organized lobules that attempt to reproduce the normal IOSG, converging into a single excretory duct that can be dilated (Kaminagakura *et al*., 2003 and Takeda *et al*., 2004). In summary, we present a case with clinical and microscopic features supporting the diagnosis of IOSH in fibroepithelial polyp with extremely rare site of occurrence i.e, hard palate.

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