

## Naevus Sebaceous of Jadassohn

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### Case report

A boy weighing 2500g was delivered at 37 weeks of gestation by a mother with no significant antenatal history. He presented at birth with yellowish-white to pink papillomatous plaques over left side of the scalp, eyelid, cheeks, philtrum and chin (Figure 1).



Figure 1: *Naevus sebaceous*

\*Permission given by parents to publish photograph

Histopathological examination of the skin biopsy specimen showed papillomatous epidermal hyperplasia and numerous sebaceous glands with no hair follicles. This was suggestive of naevus sebaceous (NS) (Figure 2). Physical and neurological examinations were normal. X-ray of the skull was normal.

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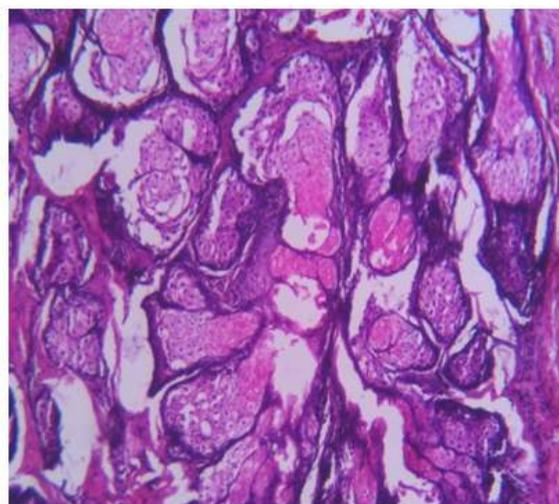


Figure 2: *Histopathology showing papillomatous epidermal growth, sebaceous gland hyperplasia and no hair follicles*

### Discussion

Naevus sebaceous (NS) of Jadassohn is a congenital abnormality first described by the dermatologist Josef Jadassohn in 1895<sup>1</sup>. It is a hamartoma of the epidermis, hair follicles, sebaceous and apocrine glands<sup>1</sup>. It is probably due to mosaic genetic mutations in HRAS and KRAS genes<sup>2</sup>. It is often present at birth as a solitary lesion usually located over the head and neck region. The lesions are usually yellowish-white to pink papillomatous plaques velvety in consistency. NS becomes verrucous and nodular at puberty indicating androgen sensitivity<sup>3</sup>. Diagnosis of NS is usually based on the characteristic appearance of lesions. Skin biopsy is done to rule out similar conditions like epidermal naevus syndrome, giant seborrheic keratosis, sebaceous adenoma, sebaceous carcinoma and sebaceoma<sup>3</sup>. NS is usually benign but monitoring for changes to lesions is imperative as progression to basal cell carcinoma has been reported<sup>3</sup>. Treatment, if needed, is by surgical excision, though carbon dioxide laser and photodynamic therapy have also been tried<sup>4</sup>.

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