

# *Bumps on the Face*

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A 59-year-old male is concerned about numerous skin-coloured papules which have developed on his face over the past three years (Figure 1). These papules are asymptomatic, but his wife would like them removed because they are unsightly. He is a renal transplant recipient, who is on several immunosuppressive medications.

### *What is your diagnosis?*

This patient has sebaceous hyperplasia, a common, benign condition of sebaceous glands, most often seen on middle-aged and elderly adults. Lesions can be either single or multiple and present as yellowish, soft, small papules on the cheeks, nose, and forehead. It occurs less commonly on the chest, areola, and vulva. Rarely reported variants have included a giant form, a linear or zosteriform arrangement, a diffuse form, and a familial form.

While the triggering mechanism is unknown, it has been linked to post-transplant patients on immunosuppressive medications. There is no direct association with malignant degeneration, nor is there any morbidity other than cosmesis. Sebaceous hyperplasia has been reported in association with internal malignancy in the setting of Muir-Torre syndrome, a rare autosomal-dominant disorder in which visceral malignancies, sebaceous neoplasms, and keratoacanthomas coincide. Sebaceous hyperplasia alone



Figure 1. Papules on the face.

does not signify a predisposition to cancer, nor does it represent a sign of Muir-Torre syndrome.

Patients present with a concern about their appearance and/or a concern regarding malignancy. Most often, it is an incidental observation. These small papules (2 mm to 6 mm) are asymptomatic, soft, discrete, and yellow-coloured, with a smooth surface, and may become red, irritated, and bleed after shaving or other trauma. They often have evidence of central umbilication or dell.

The differential diagnosis includes:

- basal cell carcinoma,

