



# “What’s this on my cheek?”

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A 44-year-old male presents with a skin-coloured papule on his cheek that has a central dell. It has not changed in size in the past few months, nor has it ever bled. He does have a history of sunburns as a child, but he has never had skin cancer.

## 1. What is the most likely diagnosis?

- Squamous cell carcinoma
- Sebaceous hyperplasia
- Basal cell carcinoma
- Milia cyst
- Xanthoma

## 2. Which lesion is the most important to consider in the differential diagnosis?

- Fibrous papule of the nose
- Amelanotic melanoma
- Wart
- Basal cell carcinoma
- Molluscum contagiosum

## 3. What are some possible treatment options?

- Trichloroacetic acid (75%)
- Cryotherapy
- Electrodesiccation
- Oral retinoids
- All of the above

Sebaceous hyperplasia are common benign lesions that are predominant in middle-aged adults. Individuals receiving cyclosporine have a vastly increased incidence of multiple lesions. Clinically, they present as 2 mm to 5 mm discrete skin-coloured-to-yellow papules on the forehead, cheeks and nose.

Lesions are typically smooth and soft with central umbilication. Although considered benign and

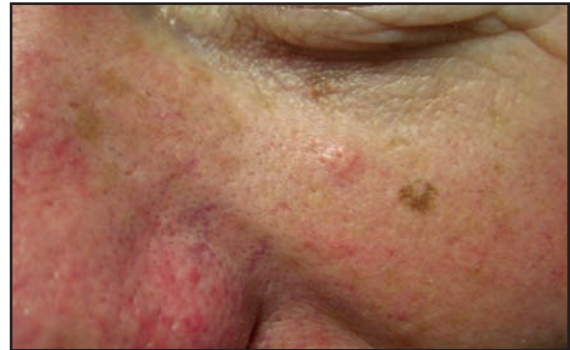



Figure 1. Worrisome cheek papule.

of cosmetic concern, rarely, they can be a non-specific finding in the autosomal dominant Muir-Torre syndrome in which colon cancer (most commonly) is associated with various sebaceous neoplasms. These lesions (due to their vascular pattern) can be confused with early basal cell carcinoma. The umbilication and dermoscopic findings can help differentiate the two lesions.

A biopsy is occasionally needed to rule out basal cell carcinoma or other sebaceous tumours. Treatment options include destructive means such as:

- topical trichloroacetic acid,
- electrodesiccation,
- cryotherapy,
- photodynamic therapy,
- laser or
- shave excision.

Multiple lesions (e.g., in immunosuppressed patients on cyclosporine) can be improved by using oral retinoids. 

“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to [diagnosis@sta.ca](mailto:diagnosis@sta.ca).

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Answers: 1-b; 2-d; 3-e