



Case Report

## Sebaceoma of the Scalp in a Child Mimicking Basal Cell Carcinoma: A Rare Case Report

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### ABSTRACT

Sebaceoma is a rare benign adnexal tumor with sebaceous differentiation that is infrequently encountered in pediatric patients. It often presents as a solitary nodular lesion and may clinically mimic other cutaneous neoplasms, including basal cell carcinoma. We report a case of a child presenting with a solitary erythematous nodular lesion over the scalp. Clinical differentials included adnexal tumor and basal cell carcinoma. Histopathological examination revealed a well-circumscribed dermal tumor composed predominantly of basaloid cells with interspersed mature sebocytes, confirming the diagnosis of sebaceoma. Recognition of this entity is important to avoid misdiagnosis and overtreatment, especially in pediatric patients. Early diagnosis and complete excision remain curative.

**Keywords:** Sebaceoma, Sebaceous tumor, Pediatric dermatology, Adnexal tumor, Scalp lesion.

### INTRODUCTION:

Sebaceous neoplasms are uncommon adnexal tumors showing sebaceous differentiation. Sebaceoma is a benign tumor characterized histologically by a predominance of basaloid cells with scattered mature sebocytes. It is most commonly seen in adults and rarely reported in children. Clinically, sebaceoma may mimic basal cell carcinoma or other adnexal tumors, making histopathological examination essential for diagnosis.

### CASE REPORT

A child presented with a solitary nodular lesion over the scalp, gradually increasing in size over a few months. On examination, a well-defined erythematous dome-shaped nodule measuring approximately 1–1.5 cm was noted over the scalp (Figure 1). The lesion was non-tender with no ulceration or discharge.

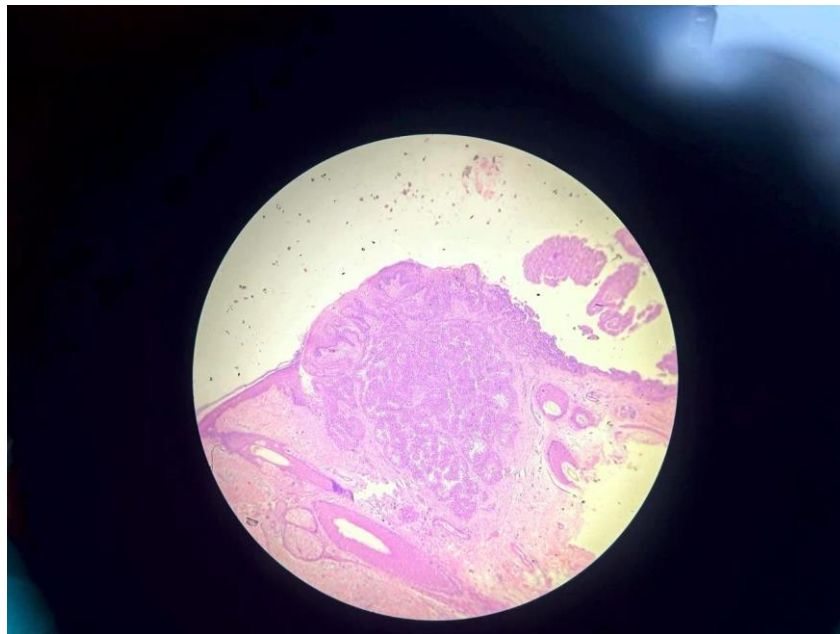


**Figure 1. Clinical photograph showing a solitary erythematous nodular lesion over the scalp.**

Clinical differentials included basal cell carcinoma, adnexal tumor, and pyogenic granuloma. The lesion was excised under local anesthesia and sent for histopathological evaluation.

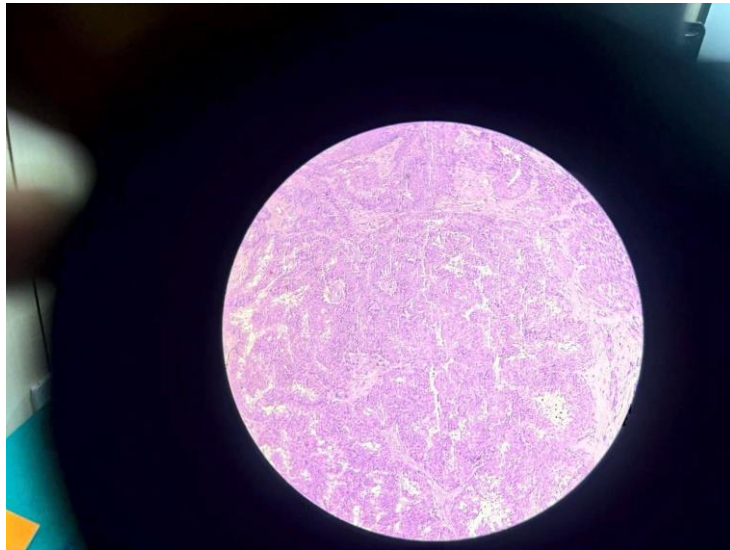
#### **Histopathological Findings**

Low-power examination revealed a well-circumscribed dermal tumor with lobular architecture (Figure 2). The tumor was composed predominantly of basaloid cells arranged in lobules separated by fibrous septae.

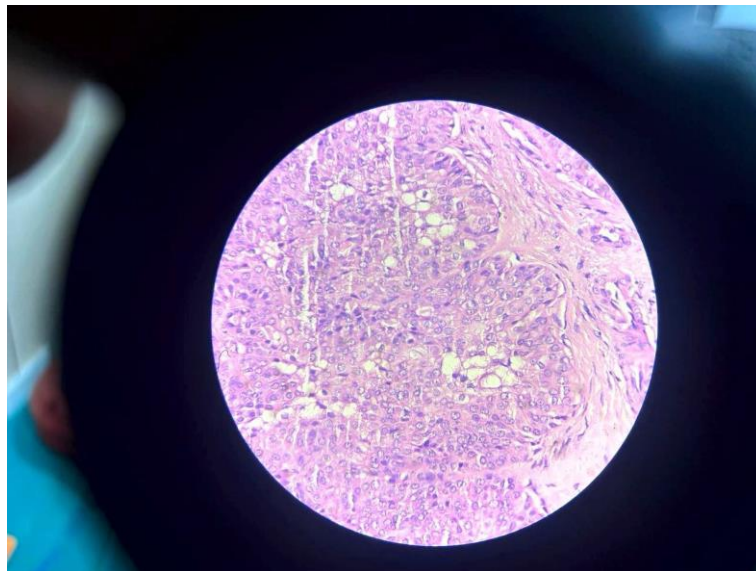


**Figure 2. Low power photomicrograph (hematoxylin and eosin, ×40) demonstrating a well-circumscribed dermal tumor with lobular architecture.**

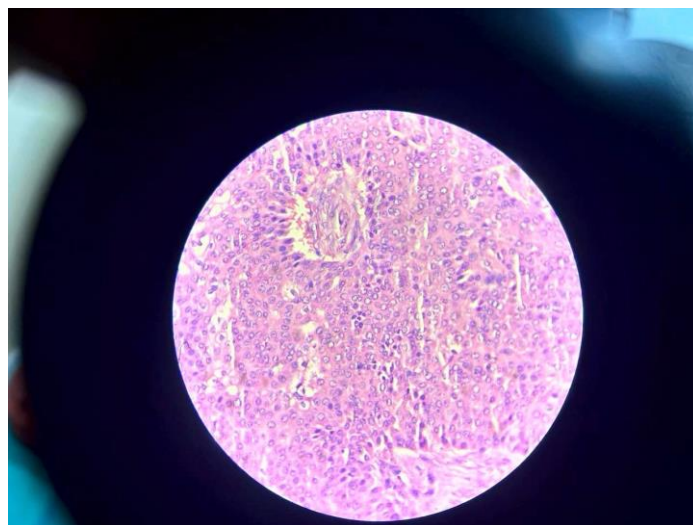
On higher magnification, lobules showed basaloid cells with uniform nuclei and scant cytoplasm along with interspersed mature sebocytes exhibiting vacuolated cytoplasm (Figures 3 and 4). No cytological atypia or infiltrative growth was noted. These features were consistent with sebaceoma.



**Figure 3. Intermediate magnification (hematoxylin and eosin,  $\times 100$ ) showing lobules composed predominantly of basaloid cells with interspersed sebocytes.**



**Figure 4. High-power photomicrograph (hematoxylin and eosin,  $\times 400$ ) showing monomorphic basaloid cells with uniform nuclei and scant cytoplasm.**



**Figure 5. High-power photomicrograph (hematoxylin and eosin,  $\times 400$ ) highlighting mature sebocytes with vacuolated cytoplasm within tumor lobules.**

## DISCUSSION

Sebaceoma is a rare benign sebaceous neoplasm that typically occurs in the head and neck region. Pediatric cases are extremely uncommon. Clinically, it can resemble basal cell carcinoma, necessitating histopathological confirmation.

Histologically, sebaceoma is distinguished by:

- Predominance of basaloid cells
- Presence of mature sebocytes
- Well-circumscribed lobular architecture

It is important to differentiate sebaceoma from sebaceous carcinoma, which shows cytologic atypia, mitotic activity, and infiltrative growth.

Additionally, sebaceous tumors may be associated with Muir–Torre syndrome, and hence clinical correlation is essential.

## CONCLUSION

Sebaceoma should be considered in the differential diagnosis of solitary scalp nodules in children. Histopathological examination remains the gold standard for diagnosis. Early recognition prevents misdiagnosis and unnecessary aggressive treatment.

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